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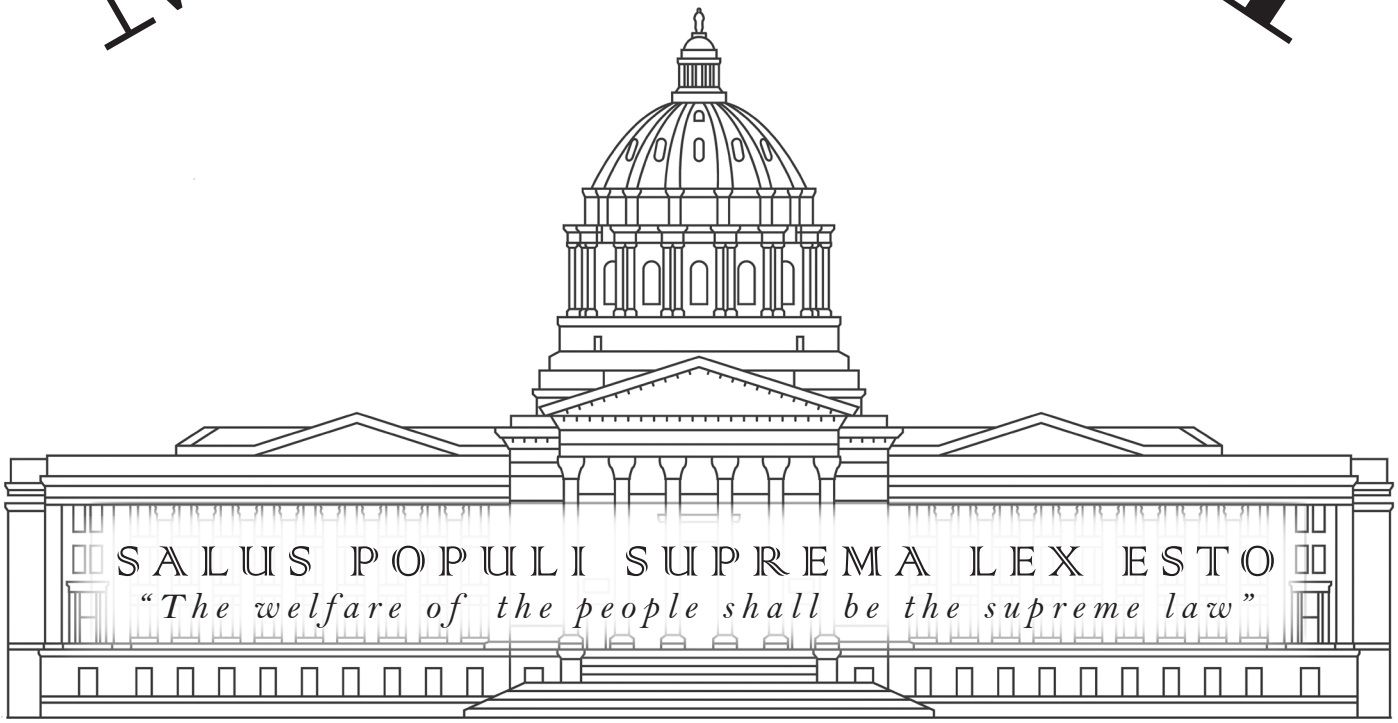
MISSOURI



REGISTER

Denny Hoskins Secretary of State

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Secretary of State
Denny Hoskins

Administrative Rules Division
James C. Kirkpatrick State Information Center
600 W. Main
Jefferson City, MO 65101
(573) 751-4015

Director &
Editor-in-Chief
Curtis W. Treat

Managing Editor
Stephanie Martin

Publication Specialist II
Jacqueline D. White

Editor II
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MISSOURI REGISTER

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Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
February 3, 2025	**March 3, 2025**	March 31, 2025	April 30, 2025
February 18, 2025	**March 17, 2025**	March 31, 2025	April 30, 2025
March 3, 2025	**April 1, 2025**	April 30, 2025	May 30, 2025
March 17, 2025	**April 15, 2025**	April 30, 2025	May 30, 2025
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November 3, 2025	**December 1, 2025**	December 31, 2025	January 30 2026
November 17, 2025	**December 15, 2025**	December 31, 2025	January 30, 2026

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES
The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	*Code of*	10-	4	115
Department	*State*	Agency	General area	Specific area
	Regulations	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 30 – Animal Health
Chapter 1 – Organization and Description

EMERGENCY AMENDMENT

2 CSR 30-1.020 Laboratory Services and Fees. The department is amending section (2).

PURPOSE: The purpose of this emergency amendment establishes new testing and fees charged for laboratory services performed by Animal Health Diagnostic Laboratories.

*Emergency Statement: The emergency amendment allows the Missouri Department of Agriculture to test poultry in the state for viruses associated with new emergent outbreaks within poultry flocks in this state. The emergency amendment is necessary to protect a compelling interest in ensuring poultry flocks in this state are free from disease and the food supply is secure. There are currently no laboratories in this state that are able to test for avian metapneumovirus A/B, metapneumovirus C, and egg drop syndrome virus (EDSV). Without this ability, producers must send testing to out of state laboratories which does not provide timely test results. Timely test results are necessary to prevent the spread of these avian viruses that threaten the health of flocks that provide food security in this state. As a result, MDA finds that this is a compelling governmental interest, which requires emergency action. A proposed amendment covering this same material is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri** and **United States Constitutions**. MDA believes that this emergency amendment is fair to all interested parties and persons under the circumstances. This emergency amendment was filed January 27, 2025, becomes effective February 10, 2025, and expires on August 8, 2025.*

(2) No fees will be charged for tests for diseases which are included in a state and federal cooperative program. Fees for nonprogram services performed at the Animal Health Diagnostic Laboratories are as follows:

(C) Molecular Diagnostics –	
1. Avian Influenza PCR	$21.00
2. African Swine Fever PCR	$20.00
3. Avian Metapneumovirus A/B	**$35.00**
4. Avian Metapneumovirus C	**$35.00**
*[3.]***5.** Classical Swine Fever PCR	$20.00
6. Egg Drop Syndrome (Adenovirus 76)	**$38.50**
*[4.]***7.** Foot & Mouth Disease PCR	$20.00
*[5.]***8.** Johne's PCR, DNA Probe	$26.25
*[6.]***9.** Johne's Pooling (per sample)	$31.50
*[7.]***10.** Newcastle Disease Virus PCR	$21.00
*[8.]***11.** Salmonella PCR	$21.00
*[9.]***12.** Tritrichomonas Foetus PCR	$26.25
*[10.]***13.** Tritrichomonas Foetus PCR Pooling	$31.50

*AUTHORITY: section 267.122, RSMo **[2000] 2016**. Original rule filed July 15, 1993, effective Jan. 31, 1994. For intervening history, please consult the **Code of State Regulations**. Emergency Amendment filed Jan. 27, 2025, effective Feb. 10, 2025, expires Aug. 8, 2025. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will cost public entities nine thousand eight hundred ninety-three dollars and seventy-five cents ($9,893.75) in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will cost private entities one hundred thirteen thousand seven hundred fifty dollars ($113,750) in the time the emergency amendment is effective.

FISCAL NOTE
PUBLIC COST

I. Department Title: Agriculture
Division Title: Animal Health
Chapter Title: Organization and Description

Rule Number and Name:	2 CSR 30-1.020 Laboratory Services and Fees
Type of Rulemaking:	Emergency

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Missouri Department of Agriculture	**$9,893.75**

III. WORKSHEET

Avian Meta Types A/B- 2500 cost to the department per test $3.75 X 2500 yearly = $9,375.00
Avian Meta Type C-1250 test cost to the department per test $3.75 X 1250 yearly = $4687.50
Egg Drop Syndrome-2500 test cost to the department per test $2.29 X 2500 yearly = $5,725

Total cost for testing supplies paid for Department of Agriculture annually is **$19,787.50**, which would be **$9,893.75** during the emergency rule's effectiveness.

IV. ASSUMPTIONS

The cost for doing 1 aMPV sample is S129.12 and cost for 1 EDS sample is 42.33.
The cost for 3 aMPV is $56.25 ea and 3 EDS is $39.91.
The cost for 10 aMPV is $7.52 and10 EDS is $20.29.
A full plate of aMPV (90 samples) is $21.02.
A full plate of EDS (90 samples) is $13.21.
Expected testing is between 10-20 aMPV at a time and 3-10 EDS at a time but that is purely speculation.

FISCAL NOTE
PRIVATE COST

I. Department Title: Agriculture
Division Title: Animal Health
Chapter Title: Organization and Description

Rule Number and Title:	2 CSR 30-1.020 Laboratory Services and Fees
Type of Rulemaking:	Emergency

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Approximately 375 accredited veterinarians/veterinary clinics		**$113,750**

III. WORKSHEET

Avian Meta Types A/B- 2500 test per year X $35 = $87,500
Avian Meta Type C-1250 test per year X $35 = $43,750
Egg Drop Syndrome-2500 test per year X 38.50 = $96,250

Total of $227,500 annually which would equate to $113,750 during the emergency rule's effectiveness.

IV. ASSUMPTIONS

Calculations were made based on the number of similar tests billed during FY24. The number of tests billed were multiplied by the proposed cost.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 30 – Animal Health
Chapter 10 – Food Safety and Meat Inspection

EMERGENCY AMENDMENT

2 CSR 30-10.010 Inspection of Meat and Poultry. The director is amending section (2).

*PURPOSE: This amendment ensures that the current rule language clearly includes the most recent publication of Part 300 to end of Title 9, the **Code of Federal Regulations,** for the Missouri Meat and Poultry Inspection Program to be in compliance with federal regulations and maintain "equal to" status as determined by the United States Department of Agriculture/Food Safety and Inspection Service.*

*EMERGENCY STATEMENT: This emergency amendment is necessary to serve the compelling governmental interest to inform state agencies and the public of the most current adoption of Title 9 **Code of Federal Regulations** Parts 300 to end is incorporated into state regulation. The State Meat and Poultry Inspection (MPI) programs are required to operate in a manner and with authorities that are "at least equal to" the antemortem and postmortem inspection, re-inspection, sanitation, recordkeeping, and enforcement provisions as provided for in the Federal Meat Inspection Act and the Poultry Products Inspection Act. State MPI programs must stay current with and be able to explain how their programs are equal to FSIS regulations to ensure their rules are "at least equal to" USDA/FSIS and in compliance with federal regulations. Therefore, an amendment to clarify the most current federal meat and poultry inspection regulations are being incorporated by reference and provide enforcement authority in Missouri. This regulation applies to approximately fifty-five (55) state inspected meat and poultry establishments and three hundred thirty-seven (337) custom exempt plants in Missouri, which as a whole, produces millions of dollars in Missouri's economy. This emergency amendment protects the public health, safety, and/or welfare under a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protection extended in the **Missouri** and **United States Constitutions**. The Department of Agriculture believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 31, 2025, becomes effective February 18, 2025, and expires August 16, 2025.*

(2) The standards used to inspect Missouri meat and poultry slaughter and processing shall be those shown in Part 300 to end of Title 9, the *Code of Federal Regulations* (January ***[2024]*** **2025),** herein incorporated by reference and made a part of this rule as published by the United States Government Publishing Office, 732 N. Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800, DC area (202) 512-1800, website: http://bookstore.gpo.gov. This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY: section 265.020, RSMo 2016. Original rule filed Sept. 14, 2000, effective March 30, 2001. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 31, 2025, effective Feb. 18, 2025, and expires Aug. 16, 2025. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COSTS: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 26 – Dealer Licensure

EMERGENCY AMENDMENT

12 CSR 10-26.231 Maximum Dealer Administrative Fees. The department is amending section (1).

PURPOSE: This emergency amendment is being filed to establish the annual increase to the maximum administrative fee collected as determined by the annual average of the Consumer Price Index for All Consumers per section 301.558, RSMo.

*EMERGENCY STATEMENT: The director of revenue is mandated to increase to the maximum administrative fee collected annually as determined by the annual average of the Consumer Price Index for All Consumers and published in the **Missouri Register** as soon as practicable after January fourteenth of each year per section 301.558, RSMo. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Department of Revenue believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 3, 2025, becomes effective February 19, 2025, and expires August 17, 2025*

(1) As required by section 301.558(4), RSMo, the values in the table below are the yearly maximum administrative fees which may be collected by motor vehicle dealers, boat dealers, and powersport dealers licensed pursuant to sections 301.550 to 301.580, RSMo, and as published in the *Missouri Register* as soon as practicable after January 14 of each year.

Maximum Fee (Year)	CPIAUC Increase	New Maximum Fee	Effective Licensure Year
$500 (2021)	4.7%	$523.50	2022
$523.50 (2022)	8.0%	$565.38	2023
$565.38 (2023)	3.9%	$587.43	2024
$587.43 (2024)	**2.9%**	**$604.47**	**2025**

*AUTHORITY: sections 301.553 and 301.558, RSMo Supp. **[2023] 2024**. Original rule filed Feb. 21, 2022, effective Aug. 30, 2022. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 3, 2025, effective Feb. 19, 2025, expires Aug. 17, 2025. A proposed amendment covering the same material is published in this issue of the **Missouri Register**.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency amendment is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency amendment is effective.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

EMERGENCY AMENDMENT

13 CSR 70-10.020 Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services. The division is amending sections (4), (10), (11), and (12).

PURPOSE: This amendment provides for a rebasing of nursing facility and HIV nursing facility per diem rates using a more current cost report year, changes the resident classification system used to determine the case mix index, updates the value based purchasing per diem adjustment, provides for a facility size and occupancy rate adjustment, describes the process for reviewing information used in determining the case mix index and mental illness diagnosis add-on, clarifies data used for determining the mental illness diagnosis add-on, clarifies capital rate used in the interim rate, clarifies when an independent audit is required, and provides for reviews to be done on minimum data set submissions and adjustments to the reimbursement rate based on the MDS reviews, effective for dates of service beginning July 1, 2024. These revisions correspond to the state fiscal year 2025 appropriation for nursing facilities and are contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).

*EMERGENCY STATEMENT: The Department of Social Services, MO HealthNet Division, by rule and regulation, must define the reasonable costs, manner, extent, quantity, quality, charges, and fees of medical assistance provided to MO HealthNet participants. The General Assembly included additional funds in State Fiscal Year (SFY) 2025 for nursing facilities' and HIV nursing facilities' reimbursements to update the cost base for the rates (i.e., rebasing). The MO HealthNet Division is carrying out the General Assembly's intent by implementing a new reimbursement system effective for dates of service beginning July 1, 2024. The new reimbursement system is necessary to ensure that payments for nursing facility and HIV nursing facility per diem rates are in line with the funds appropriated for that purpose. There are a total of four hundred eighty (480) nursing facilities and HIV nursing facilities currently enrolled in MO HealthNet that will receive a per diem reimbursement rate under the new reimbursement plan effective for dates of service beginning July 1, 2024. This emergency amendment will ensure payment for nursing facility and HIV nursing facility services to approximately twenty-two thousand seven hundred forty-nine (22,749) MO HealthNet participants in accordance with the appropriation authority. For the SFY 2025 payment to be made, the MO HealthNet Division was required to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). The proposed amendment covering the same material will not be effective for approximately eight (8) months. This emergency amendment must be implemented on a timely basis to ensure that quality nursing facility services continue to be provided to Medicaid patients in nursing facilities in accordance with the state plan authority. The emergency amendment will also allow the State to expend the SFY 2025 appropriation in SFY 2025. This emergency amendment is necessary to protect the public health and welfare of MO HealthNet participants in nursing facilities and HIV nursing facilities. This emergency amendment is necessary to protect a government interest to reimburse nursing facilities and HIV nursing facilities as required by the General Assembly, and to provide MO HealthNet participants with quality nursing facility services. Further, the Missouri Medical Assistance program has a compelling government interest in providing continued cash flow for nursing facility services, and to adequately compensate these providers for the cost expended on the state Medicaid population. As a result, the MO HealthNet Division finds an immediate danger to public health, safety and/or welfare and a compelling governmental interest, which requires emergency action. A proposed amendment, which covers this same material, is published in this issue of **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended by the **Missouri** and **United States Constitutions**. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 21, 2025, effective February 4, 2025, expires August 2, 2025.*

(4) Definitions.

(N) Case Mix Index (CMI). Weight or numeric score assigned to a resident classification system (e.g. Resource Utilization Group (RUG), Patient-Driven Payment Model (PDPM), etc.) grouping to reflect the relative resources predicted to care for a resident. The average acuity level of patients in a facility can be determined and expressed by calculating an average of the individual CMI values for each resident. Resident classifications are determined from information derived from the Minimum Data Set (MDS) evaluations for a given period.

1. Resident Classification Systems Used to Determine CMI.

A. RUG IV. Effective for dates of service from July 1, 2022, through June 30, 2024, the Resource Utilization Group (RUG) IV, 48 groups, Logic Version 1.03, CMI Set F01 (48-Grp) (i.e., RUG IV 48 group model classification system) is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid services (CMS) at its website https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation, June 29, 2022. Applicable files are RUG-IV DLL Package V1.04.1 Final.zip and RUG III Files & RUG IV Files.zip. This rule does not incorporate any subsequent amendment or additions;

B. PDPM. Effective for dates of service beginning July 1, 2024, the Patient Driven Payment Model (PDPM) nursing component case mix groups (CMG) and case mix index table effective October 1, 2023, as listed in the final SNF PPS payment rule for FY 2024, as published by the Office of the Federal Register at 7 G Street NW, Suite A-734, Washington DC 20401, August 7, 2023, and is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule. This rule does not incorporate any subsequent amendment or additions;

*[1.]***2.** Individual CMIs are calculated as follows:

[A. The RUG IV, 48 groups, Logic Version 1.03, CMI Set F01 (48-Grp) (i.e., RUG IV 48 group model classification system) is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid services (CMS) at its website https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/

NursingHomeQualityInits/NHQIMDS30TechnicalInformation, June 29, 2022. Applicable files are RUG-IV DLL Package V1.04.1 Final.zip and RUG III Files & RUG IV Files.zip. This rule does not incorporate any subsequent amendment or additions;]

*[B.]***A.** Providers should follow CMS guidelines for completing and submitting MDS assessments. No extra MDS assessments are required as a result of this rule;

*[C.]***B.** *[The]***An** index maximizing methodology is used to calculate the individual CMI **for RUG classifications.** The index maximizing classification system will select the RUG with the highest CMI for individuals that qualify for multiple RUGs.

C. A hierarchical methodology is used to determine the individual CMI for the PDPM nursing component classifications.

(I) The hierarchical classification system will work through the PDPM nursing classifications in order and select the first group for which the patient qualifies.

(II) The nursing classification hierarchical order includes –

(a) Extensive Services;

(b) Special Care High;

(c) Special Care Low;

(d) Clinically Complex;

(e) Behavioral Symptoms and Cognitive Performance; and

(f) Reduced Physical Function.

(III) The first of the twenty-five (25) individual PDPM nursing groups for which the patient qualifies, is the assigned PDPM nursing classification.

*[2.]***3.** Facility CMIs are calculated as follows:

A. Facility CMI calculations will be based on quarterly point-in-time data snapshots. These snapshot dates are January 1, April 1, July 1, and October 1;

B. The midnight census will determine the residents that are included in the facility's CMI;

C. The Assessment Reference Date (ARD) will be used to determine the assessment included in each quarterly CMI calculation;

D. A look-back period of one hundred eighty (180) days will be used to determine the residents included in calculating the facility CMI. The look-back period cutoff date is the day prior to the snapshot date (i.e., for the January 1 CMI calculation, the ARD would need to be December 31 or earlier);

E. The most current MDS assessment *[generating a RUG classification]* for an individual in the look-back period of one hundred eighty (180) days will be used;

F. Only assessments that are included in the MDS data sent to the state through the CMS system will be available for case mix calculations; and

G. An average acuity level will be determined for each facility for each snapshot date by using a simple average of the CMI values for all residents included in the data for the snapshot date.

(I) Medicaid CMI. The average acuity level for Medicaid patients in a facility.

(a) Medicaid pending residents will be included in the facility's Medicaid CMI calculation.

(b) Medicaid hospice residents will be included in the facility's Medicaid CMI calculation.

(c) Medicaid manage care residents will be included in the facility's Medicaid CMI calculation.

(II) Total CMI. The average acuity level for all patients in a facility.

H. When facility-specific CMI data is not available, the statewide average CMI will be used.

4. Resident Listings.

A. Nursing facilities will be provided a draft resident listing to review for accuracy and will be given a minimum of two (2) weeks to correct resident listings that are not accurate.

(I) The draft resident listing will include resident specific information including but not limited to:

(a) The resident's name and identification number;

(b) The payment source;

(c)The ARD;

(d) The PDPM nursing code and corresponding CMI;

(e) Whether the resident has a mental illness diagnosis that qualifies for the mental illness diagnosis add-on which is used to determine the facility's Medicaid CMI; and

(f) Whether the facility qualifies for the mental illness diagnosis add-on.

(II) Nursing facilities will be notified when the draft resident listings are available to review and will include the due date for when all corrections must be done.

B. Facilities may submit corrections to the draft resident listings as follows:

(I) Payer Source. Corrections to the payer source for a resident should be submitted to the division or its authorized contractor;

(II) Other Corrections. Any corrections to the data other than corrections to the payer source must be submitted through the iQIES system. Chapter 5 of the Long-term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual discusses submission and correction of MDS assessments. The RAI manual is incorporated by reference in this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244, October 1, 2024. This rule does not incorporate any subsequent amendments or additions.

C. A final resident listing will be prepared based on the draft resident listing plus any corrections submitted by the facility by the due date.

D. No corrections will be accepted after the due date unless the division or its authorized contractor has given prior approval.

E. The final resident listing will be used to determine the CMI and mental illness diagnosis add-on included in a facility's per diem rate and will be provided when the final per diem rate is determined.

F. If any of a facility's corrections that were submitted on a timely basis were not captured in the final resident listing, the facility may submit a request to the division or its authorized contractor to review. The request must include documentation supporting their claim.

(W) Data bank. The data from the rate base year cost reports used to determine the medians, ceilings, and per diem rates for nursing facilities.

1. A separate data bank shall be created for nursing facilities and HIV nursing facilities, as follows:

A. The data bank for nursing facilities shall include all nursing facilities except hospital based facilities and HIV facilities; and

B. The data bank for HIV nursing facilities shall only include HIV nursing facilities.

2. If a facility has more than one (1) cost report with periods ending in the rate base year, the cost report covering a full twelve- (12-) month period ending in the rate base year will be used. If none of the cost reports cover a full twelve (12) months, the cost report with the latest period ending in the rate base year will be used. **Beginning with the SFY 2025 rebase, cost reports must cover more than three (3) full months to be used for rebasing. Cost reports covering three (3) months or less will not be used. If a facility does not have a cost report for the rebase year, the cost report for the year prior to the rebase year shall be used.**

3. Nursing facilities that terminated from the MO HealthNet program during the rate base year shall not be included in the data bank.

4. Nursing facilities operating under an interim rate that have at least a second full year cost report after entering the Medicaid program that coincides with the rate base year may be included in the data bank. Interim rate facilities without such a cost report for the rate base year shall not be included in the data bank. **Beginning with the SFY 2025 rebase, nursing facilities operating under an interim rate will not be included in the data bank.**

5. The initial rate base year used for rebasing shall be 2019 and the data bank shall include cost reports with an ending date in calendar year 2019. The 2019 rebase year data shall be used to set rates effective for dates of service beginning July 1, 2022, through such time rates are rebased again or calculated on some other cost report as set forth in regulation. The 2019 year data shall be adjusted for the following and shall be used to determine the medians, ceilings, and per diem rates for the nursing facilities:

A. The following allowable salaries shall be adjusted by two percent (2%):

(I) Aides and Orderlies (Line 53 of CR (3-95));

(II) Dietary Salaries (Line 60 of CR (3-95));

(III) Laundry Salaries (Line 85 of CR (3-95));

(IV) Housekeeping Salaries (Line 91 of CR (3-95)); and,

(V) Beauty & Barber Salaries (Line 94 of CR (3-95));

B. The total allowable costs, including the salary adjustments detailed above in (4)(W)5.A., shall be trended through June 30, 2022, by the difference in the CMS Market Basket Index (i.e., the "Total – %MOVAVG" index for 2022:2 from the fourth-quarter 2021 publication) and the midpoint of the facility's rate setting cost report year; and

C. The total patient care costs, including the salary adjustments and trends, shall be adjusted to match the state-wide average total CMI by multiplying the total patient care costs by the quotient of the state-wide average total CMI divided by the facility cost report total CMI.

(I) A cost report total CMI is determined for each facility based on a simple average of the four (4) quarterly total CMIs covering the facility's cost report period.

(II) The state-wide total CMI is a simple average of the cost report CMIs for all nursing facilities included in the databank.

6. SFY 2025 Rebase. Effective for dates of service beginning July 1, 2024, nursing facility rates shall be rebased using a data bank with cost report ending dates in calendar year 2022, except in instances where 2022 data is not available as explained in paragraph (4)(W)2. of this rule. The 2022 rebase year data shall be used to set rates effective for dates of service beginning July 1, 2024, through such time rates are rebased again or calculated on some other cost report as set forth in regulation. The 2022 base year data shall be adjusted for the following and shall be used to determine the medians, ceilings, and per diem rates for the nursing facilities-

A. The following allowable salaries shall be adjusted by two percent (2%):

(I) Aides and orderlies (Line 53 of CR (3-95));

(II) Dietary salaries (Line 60 of CR (3-95));

(III) Laundry salaries (Line 85 of CR (3-95));

(IV) Housekeeping salaries (Line 91 of CR (3-95)); and,

(V) Beauty and barber salaries (Line 94 of CR (3-95));

B. The total allowable costs, including the salary adjustments detailed above in paragraph (4)(W)6.A. of this rule, shall be trended through June 30, 2024, by the difference in the CMS Market Basket Index (i.e., the Total – %MOVAVG index for 2024:2 from the first-quarter 2024 publication) and the midpoint of the facility's rate setting cost report year; and

C. The total patient care costs, including the salary adjustments and trends, shall be adjusted to match the state-wide average total CMI by multiplying the total patient care costs by the quotient of the state-wide average total CMI divided by the facility cost report total CMI.

(I) A cost report total CMI is determined for each facility based on a simple average of the four (4) quarterly total CMIs covering the facility's cost report period.

(II) The state-wide total CMI is a simple average of the cost report CMIs for all nursing facilities included in the databank.

(II) Interim rate. The interim rate is the sum of one hundred percent (100%) of the patient care cost component ceiling, ninety percent (90%) of the ancillary and administration cost component ceilings, and ninety-five percent (95%) of the median per diem for the capital cost component.

1. The median per diem for capital will be determined from the capital component per diems of providers with prospective rates in effect on July 1, 2022, for the initial 2019 rate base year.

2. Beginning with the SFY 2025 rebase, the median per diem for capital will be determined from the capital component per diems of providers included in the data bank.

(KK) Minimum Data Set (MDS). A standardized, primary and comprehensive tool used to assess a patient's functional, medical, psychosocial, and cognitive status for residents of nursing facilities to participate in Medicare and Medicaid.

1. Providers should follow CMS guidelines for completing and submitting MDS assessments. No extra MDS assessments are required as a result of this rule.

2. Assessments should comply with CMS guidance as provided through the RAI Manual in effect at the time of the assessment.

3. CMS is the only source for MDS data. All MDS initial submissions, corrections, etc., must be submitted through the CMS iQIES according to CMS procedures.

4. MDS Reviews. Beginning July 1, 2024, the division or its authorized contractor shall conduct reviews of a facility's MDS data to verify that residents have been properly classified and that the facility is following CMS procedures and documentation requirements.

A. MDS submissions that are not correct will be adjusted and will be used to recalculate the PDPM and associated CMI.

B. A facility's per diem rate will be adjusted based on the revisions to the PDPM and associated CMI after the initial training and education period, as set forth below in section (12) of this rule.

(10) Provider Reporting and Record Keeping Requirements.

(A) Annual Cost Report.

1. Each provider shall adopt the same twelve- (12-) month fiscal period for completing its Medicaid cost report as is used for its Medicare cost report, if the facility also participates in the Medicare program. If the provider does not participate in Medicare, the Medicaid cost report should have the same twelve- (12-) month fiscal year consistent with the facility's accounting and reporting period.

2. Each provider is required to complete and submit to the division or its authorized contractor an annual cost report, including all worksheets, attachments, schedules, and requests for additional information from the division or its authorized contractor. The cost report shall be submitted on forms provided by the division or its authorized contractor for that purpose. Any substitute or computer generated cost report must have prior approval by the division or its authorized contractor.

3. All cost reports shall be completed in accordance with the requirements of this regulation and the cost report instructions. Financial reporting shall adhere to GAAP, except as otherwise specifically indicated in this regulation.

4. The cost report submitted must be based on the accrual basis of accounting. Governmental institutions operating on a cash or modified cash basis of accounting may continue to report on that basis, provided appropriate treatment for capital expenditures is made under GAAP.

5. Cost reports shall be submitted by the first day of the sixth month following the close of the fiscal period. A provider may request, in writing, a reasonable extension of the cost report filing date if there has been an extension granted for its Medicare cost report, if applicable, or for circumstances that are beyond the control of the provider and that are not a product or result of the negligence or malfeasance of the nursing facility. Such circumstances may include public health emergencies; unavoidable acts of nature such as flooding, tornado, earthquake, lightning, hurricane, natural wildfire, or other natural disaster; or, vandalism and/or civil disorder. The division may, at its discretion, grant the extension.

6. If a cost report is more than ten (10) days past due, payment may be withheld from the facility until the cost report is submitted. Upon receipt of a cost report prepared in accordance with this regulation, the payments that were withheld will be released to the provider. For cost reports which are more than ninety (90) days past due, the department may terminate the provider's MO HealthNet participation agreement and if terminated retain all payments which have been withheld pursuant to this provision.

7. Copies of signed agreements and other significant documents related to the provider's operation and provision of care to MO HealthNet participants must be attached (unless otherwise noted) to the cost report at the time of filing unless current and accurate copies have already been filed with the division or its authorized contractor. Material which must be submitted or available upon request includes but is not limited to the following:

A. Audit prepared by an independent accountant, including disclosure statements and management letter or SEC Form 10-K;

B. Contracts or agreements involving the purchase of facilities or equipment during the last seven (7) years if requested by the division, the department, or its authorized contractor;

C. Contracts or agreements with owners or related parties;

D. Contracts with consultants;

E. Documentation of expenditures, by line item, made under all restricted and unrestricted grants;

F. Federal and state income tax returns for the fiscal year, if requested by the division, the department, or its authorized contractor;

G. Leases and/or rental agreements related to the activities of the provider, if requested by the division, the department, or its authorized contractor;

H. Management contracts;

I. Medicare cost report, if applicable;

J. Review and compilation statement;

K. Statement verifying the restrictions as specified by the donor, prior to donation, for all restricted grants;

L. Working trial balance actually used to prepare the cost report with line number tracing notations or similar identifications; and

M. Schedule of capital assets with corresponding debt.

8. Cost reports must be fully, clearly, and accurately completed. All required attachments must be submitted before a cost report is considered complete. If any additional information, documentation, or clarification requested by the division or its authorized contractor is not provided within fourteen (14) days of the date of receipt of the division's request, payments may be withheld from the facility until the information is submitted.

9. Under no circumstances will the division accept amended cost reports for rate determination or rate adjustment after the date of the division's notification of the final determination of the rate.

10. Exceptions. A cost report *[is]* **may** not **be** required for the following:

A. Hospital based providers which provide less than one thousand (1,000) patient days of nursing facility services for Missouri Title XIX participants, relative to their fiscal year;

B. Change in provider status. The cost report filing requirement for the cost report relating to the terminating provider from a change of control, ownership, or termination of participation in the MO HealthNet program is not required, unless the terminating cost report is a full twelve- (12-) month cost report. The division may waive the cost report filing requirement for the twelve- (12-) month terminating cost report or the last twelve- (12-) month fiscal year end cost report resulting from a change of control, ownership, or termination of participation in the MO HealthNet program if the old/terminating provider can show financial hardship in providing the cost report. The old/terminating provider must submit a request to the division, indicating and providing documentation for the financial hardship caused by filing the cost report*[; and]***.**

(I) If a cost report for a year that is used to calculate per diem rates is not submitted, the cost report for the year prior to the rate setting year shall be used to determine the per diem rate, consistent with subsection (4)(W) of this rule.

(II) The new provider may obtain the data needed to prepare a cost report that covers the period that the old/terminating provider operated the facility and may submit a cost report as follows:

(a) The new provider may prepare and submit a cost report that covers the old/terminating provider's cost report period;

(b) The new provider may combine the data from the old/terminating provider with the data from the new provider and submit a twelve- (12-) month cost report that covers the new provider's cost report

period, if it occurs in the same year as the old owner;

(c) The new provider must notify the division of its intention to complete a cost report covering the old provider's cost report period including the cost report period that will be submitted;

(d) The cost report is due by the first day of the sixth month following the close of the cost report period, consistent with paragraph (10)(A)5. of this rule, regardless of whether the cost report covers only the old/terminating provider's cost report period or it covers the new provider's cost report period; and

(e) It is the new provider's responsibility to determine if the old/terminating provider will submit a cost report and to obtain any information it needs.

C. New MO HealthNet facility or Recertified MO HealthNet facility. The first cost report for a new facility enrolled in the MO HealthNet program or a facility that had terminated from participation in the MO HealthNet program and was recertified in the MO HealthNet program may not be required if it is a short period cost report. A short period cost report covers three (3) months or less of nursing facility services for MO HealthNet participants, relative to the facility's fiscal year.

(I) If the provider participates in the Medicare program, the provider must complete the MO HealthNet cost report covering the same period as the Medicare cost report unless a short period cost report would still be required by Medicare but is not required by MO HealthNet because it covers three (3) months or less. For example –

(a) Example A: A facility enters the Medicaid/Medicare program on December 20 and has a December 31 fiscal year end. If Medicare requires that the December 20 – December 31 period be combined with the subsequent year cost report, then the MO HealthNet cost report should cover the same period; and

(b) Example B: A facility enters the Medicaid/Medicare program on October 20 and has a December 31 fiscal year end. If Medicare requires that a cost report be submitted for October 20 through December 31, the facility may request that the division waive that cost report for MO HealthNet since it is within the three (3) month short period. The division must approve the request to waive the cost report.

(II) If the facility does not participate in Medicare, the facility must contact the division regarding the treatment of the short period cost report and the division must approve such treatment. The provider may –

(a) Submit the short period cost report; or

(b) Combine the short period with the cost report for the subsequent year; or

(c) Choose not to submit information relating to the short period either on a stand-alone cost report basis or combined with the subsequent year cost report.

11. Notification of change in provider status and withholding of funds for a change in provider status. A provider shall notify the Institutional Reimbursement Unit of the division via email at IRU.NursingFacility@dss.mo.gov prior to a change of control, ownership, or termination of participation in the MO HealthNet program. The division may withhold funds due to a change in provider status as follows:

A. If the division receives notification prior to the change of control, ownership, or termination of participation in the MO HealthNet program, the division may withhold funds from the old/terminating provider's remaining payments for any amounts owed to the division including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits. If the division can determine the amount the provider owes, the division may withhold that amount from the old/terminating provider's remaining payments. If the division cannot determine the amount a provider owes, it may withhold a minimum of thirty thousand dollars ($30,000) of the remaining payments from the old/terminating provider. After six (6) months, any payments withheld will be released to the old/terminating provider, less any amounts owed to the division, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits; or

B. If the division does not receive notification prior to a change of control or ownership, the division may withhold funds from the provider identified in the current MO HealthNet participation agreement for any amounts owed to the division from the old/terminating provider, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits. If the division can determine the amount the old/terminating provider owes, the division may withhold that amount from the current provider's payments. If the division cannot determine the amount the old/terminating provider owes, it may withhold a minimum of thirty thousand dollars ($30,000) of the next available MO HealthNet payment from the provider identified in the current MO HealthNet participation agreement. If the MO HealthNet payment is less than thirty thousand dollars ($30,000), the entire payment will be withheld. After six (6) months, any payments withheld will be released to the provider identified in the current MO HealthNet participation agreement, less any amounts owed to the division, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits.

(B) Certification of Cost Reports.

1. The accuracy and validity of the cost report must be certified by the provider. Certification must be made by a person authorized by one (1) of the following: for an incorporated entity, an officer of the corporation; for a partnership, a partner; for a sole proprietorship or sole owner, the owner or licensed operator; or for a public facility, the chief administrative officer of the facility. Proof of such authorization shall be furnished upon request.

[2. Cost reports must be notarized by a commissioned notary public.]

*[3.]***2.** The following statement must be signed on each cost report to certify its accuracy and validity:

CERTIFICATION STATEMENT:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE AND FEDERAL LAW.

CERTIFICATION OF OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and supporting schedules prepared by (provider name) for the cost report period beginning (date/year) and ending (date/year), and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

[_____]
[Notary Public]

_____
AUTHORIZED SIGNATURE

_____
TITLE
[My Commission Expires _____]

_____
DATE

(D) Audits.

1. Any cost report submitted may be subject to a Level III Audit (also known as a field audit) by the division or its authorized contractor.

2. A provider shall have available at the field audit location one (1) or more knowledgeable persons authorized by the provider and capable of explaining the provider's accounting and control system and cost report preparation, including all attachments and allocations.

3. If a provider maintains any records or documentation at a location which is not the same as the site where services were provided, other than central offices/home offices not located in the state of Missouri, the provider shall transfer the records to the same facility at which the Medicaid services were provided, or the provider must reimburse the division or its authorized contractor for reasonable travel costs necessary to perform any part of the field audit in any off-site location, if the location is acceptable to the division.

4. Those providers initially entering the MO HealthNet program shall be required to have an annual independent audit of the financial records, used to prepare annual cost reports covering, at a minimum, the first two (2) full twelve- (12-) month fiscal years of their participation in the MO HealthNet Program, in accordance with GAAP and generally accepted auditing standards. The audit shall include but may not be limited to the Balance Sheet, Income Statement, Statement of Retained Earnings, and Statement of Cash Flow. For example, a provider begins participation in the Medicaid program in March and chooses a fiscal year of October 1 to September 30. The first cost report will cover March through September. That cost report may be audited at the option of the provider. The October 1 to September 30 cost report, the first full twelve- (12-) month fiscal year cost report, shall be audited. The next October 1 to September 30 cost report, the second full twelve- (12-) month cost report, shall be audited. The audits shall be done by an independent certified public accountant. The independent audits of the first two (2) full twelve- (12-) month fiscal years may be performed at the same time. The provider may submit two (2) independent audit reports (i.e., one for each year) or they may submit one (1) combined independent audit report covering both years. The independent audit report(s) for combined audits are due with the filing of the second full twelve- (12-) month cost report. If the independent audits are combined, the provider must notify the division of such by the due date of the first full twelve- (12-) month cost report. **If a provider terminates prior to the date that the independent audit is due, the independent audit is not required.**

(11) Prospective Rate Determination. The division will use the rate setting cost report described in (11)(I) to determine the nursing facility's prospective rate, as detailed in (11)(A)-(I) below.

(A) Patient Care. Each nursing facility's patient care per diem shall be calculated as follows –

1. The base patient care per diem shall be the lower of the –

A. Allowable cost per patient day for patient care as determined by the division from the rate setting cost report, including applicable adjustments and trends; or

B. Per diem ceiling of one hundred twenty percent (120%) of the patient care median determined by the division from the data bank.

2. The base patient care per diem determined in (11)(A)1. shall be adjusted by the facility's average Medicaid CMI *[using the RUGS IV 48 group model classification system]* from the two (2) preceding quarterly calculations relative to the effective date of the rate (i.e., for 2019 rebase rates effective July 1, 2022, the January 1, 2022, and April 1, 2022, CMI calculations shall be used) and shall be the facility's patient care per diem to be included in the facility's total prospective per diem rate.

3. Following is an illustration of the calculation of the patient care per diem:

Description		Total Allowable Cost	Ceiling	Lower of Ceiling /Per Diem
Total Patient Care Costs		$3,285,275		
Aides & Orderlies	$918,303			
Dietary Salaries	$248,776			
Total	$1,167,079			
Salary Adjustment	2%	$23,342		
Adjusted Patient Care		$3,308,617		
Trend		7.69%		
Trended Cost		$3,563,050		
Statewide Average Total CMI	.8744			
Cost Report Total CMI	.9664			
Total CMI Adjusted Costs ($3,563,050* .8744/.9664)		$3,223,852		
Total Patient Days		30,475		
Base Patient Care Per Diem		$105.79	$127.12	$105.79
Medicaid CMI	.8206			
Medicaid CMI Adjusted Patient Care Per Diem ($105.79* .8206/.8744)				$99.28

(D) Capital. Each nursing facility's capital per diem shall be determined using the fair rental value system (FRV), which consists of two (2) elements – rental value and pass-through expenses. The calculation for each element, as well as the overall capital per diem, is detailed below in paragraphs (11)(D)1.–3.

1. Rental value.

A. Determine the total asset value.

(I) Determine facility size from the rate setting cost report. The changes in the number of licensed beds (i.e., increase and decreases) from the date the facility was originally licensed through the end of the rate setting cost report period should be determined and should result in the same number of licensed beds at the end of the facility's rate setting cost report.

(a) Facility Size and Occupancy Rate Adjustment. Beginning with the SFY 2025 rebase, a facility may request a facility size and occupancy rate adjustment, which

provides for the number of licensed beds as of the April 1 that precedes the July 1 rate calculation to be used to determine the facility size and occupancy rate rather than the number of licensed beds at the end of the applicable cost report period.

I. Qualifying criteria. A nursing facility may qualify for a facility size and occupancy adjustment if it meets all of the following criteria:

a. The facility operated at less than its licensed bed capacity during the cost report period used to determine the facility's capital rate so that it could provide single occupancy accommodations;

b. The facility operated as such at least from the beginning of the facility's cost report period used to determine the facility's capital rate through the April 1 that precedes the July 1 rate calculation; and

c. The facility reduced the number of licensed beds to be equal to the number of single occupancy rooms that the facility will operate with going forward. The reduction in licensed beds must be effective on or before the April 1 that precedes the July 1 rate calculation.

II. Calculation of adjusted facility size, adjusted occupancy rate, and adjusted per diem rate.

a. Adjusted facility size. The facility size as defined in subsection (4)(EE) of this rule and used in the determination of a facility's capital cost component under the fair rental value system set forth in subsection (11)(D) of this rule shall be adjusted to reflect the licensed bed capacity as of the April 1 that precedes the July 1 rate calculation.

b. Adjusted occupancy rate. The occupancy rate as defined in subsection (4)(QQ) of this rule shall be adjusted to reflect the licensed beds as of the April 1 that precedes the July 1 rate calculation rather than the licensed beds reflected on the applicable cost report. The bed days will be calculated using the licensed beds as of the April 1 that precedes the July 1 rate calculation and the adjusted occupancy rate will be calculated by dividing the facility's total actual patient days by the adjusted bed days.

c. The adjusted facility size and the adjusted occupancy rate shall be used to determine the facility's per diem rate in accordance with the remaining provisions of this regulation.

III. The facility must request in writing the facility size and occupancy rate adjustment and provide the proper documentation to show that it qualifies for the adjustment, including the following:

a. A copy of the quarterly surveys from the beginning of the applicable cost report period through the April 1 that precedes the July 1 rate calculation showing that the facility's number of available beds was less than its full licensed bed capacity;

b. A copy of the approved change in the number of licensed beds that includes a notation that the rooms are single occupancy;

c. A statement from the facility that it will continue to operate single occupancy rooms; and

d. For the July 1, 2024, rate calculation, the division shall accept such written requests from facilities that qualify for this adjustment as of July 1, 2024, for up to thirty (30) days after the effective date of this amendment. The rate adjustment shall be retroactive back to July 1, 2024. For subsequent rate calculations, a facility must submit the request, including all documentation showing that they qualify for the adjustment, to the division by the May 1 that precedes the July 1 rate calculation, and the rate adjustment shall be effective on July 1.

IV. This adjustment shall only apply to nursing facilities with a prospective rate and shall remain in effect for all subsequent rates determined from the 2022 cost report used to rebase rates.

V. Loss of facility size adjustment and recalculation of per diem rate. If a facility's per diem rate has been calculated using an adjusted facility size and an adjusted occupancy rate and the facility ceases to operate with only single occupancy accommodations, the facility will no longer receive the adjustment to the facility size and occupancy rate in determining its per diem rate.

a. If the facility size and occupancy rate adjustment is lost, the facility's per diem rate will be recalculated using the facility size as set forth in subsection (4)(EE) and the bed days and occupancy rate as set forth in subsection (4)(QQ) of this rule.

b. The facility must notify the division within thirty (30) days if it no longer qualifies for the facility size and occupancy rate adjustment.

c. If the facility notifies the division of such within thirty (30) days, the effective date of the rate recalculation will be the date that the facility stopped operating with only single occupancy accommodations.

d. If the facility does not notify the division within thirty (30) days, the effective date of the rate recalculation will be the date the facility size and occupancy rate adjustment was originally granted. The facility shall repay the division any overpayment resulting from the loss of the facility size and occupancy rate adjustment.

(II) Determine the bed equivalency for capital expenditures from the date the facility was originally licensed through the end of the rate setting cost report period by taking the cost of the capital expenditures for each year divided by the asset value per bed for the year of the capital expenditures rounded down to the nearest whole bed. The cost of the capital expenditures must be at least the asset value per bed for the year of the capital expenditures for each bed equivalency. For example, a capital expenditures done in 2009 with a cost of two hundred seventy thousand dollars ($270,000) is equal to five (5) beds. ($270,000/$47,948 equals 5.65 beds rounded down to 5 beds).

(III) The Total Facility Size is the sum of (I) and (II).

*[(VI)]***(IV)** The Total Asset Value is the total facility size times the asset value.

B. Determine the reduction for age. The age of the beds is determined by subtracting the year the beds were originally licensed from the year relative to the rate base year. The age of bed equivalencies for capital expenditures is calculated by subtracting the year the capital expenditures were made from the year relative to the rate base year. The age of the beds for multiple licensing dates (i.e., for increases and decreases in licensed beds) and multiple bed equivalencies is calculated on a weighted average method rounded to the nearest whole year. For licensed bed decreases and replacement beds, the oldest beds are delicensed first. The reduction for age is determined by multiplying the age of the beds by one percent (1%) up to a maximum of forty percent (40%).

C. Determine the facility asset value. The facility asset value is the total asset value set forth in subparagraph (11)(D)1.A. less the reduction for age set forth in subparagraph (11)(D)1.B.

D. Determine the rental value. Multiply the facility asset value by six and three hundred seventy fifths percent (6.375%) to determine the rental value. The six and three hundred

seventy-fifths percent (6.375%) is comprised of two and one-half percent (2.5%), which is based on a forty- (40-) year life, plus three and eight hundred seventy-fifths percent (3.875%) for a return. The three and eight hundred seventy-fifths percent (3.875%) is based on the Treasury Bill thirty- (30-) year coupon rate in effect as of January 1, 2022, of one and eight hundred seventy-fifths percent (1.875%) plus two percent (2%).

E. The following is an illustration of how subparagraphs (11)(D)1.A., B., C. and D. determine the rental value.

(I) The following is the determination of the total facility size and the age of the beds:

Historical Base Data *			
	Total Facility Size	Age	Age x Beds
Licensed Beds	75		
Bed Equivalents	0		
Totals	75	30	2,250

* *[The]* **This** is the cumulative, historical data previously used to determine existing nursing facilities' prospective rates under 13 CSR 70-10.015.

Licensure History *				
Licensure Year		No. of Bed Incr/(Decr)	Age From 2019	Age x Beds
Bed Increases / Decreases:	2003	15	16	240
	2004	5	15	75
	2006	10	13	130
	2008	(5)	30	(150)
Totals (Bed Incr/ (Decr thru 2019)		25		295
Total Licensed Beds (Base Data + Bed Incr/(Decr))		100		

* This is the licensure history from 2002-2019 which reflects the licensure changes subsequent to the Historical Base Data shown above.

Capital Expenditure History *					
Year	Allowable Capital Expenditures for Bed Equiv	Asset Value – Year of Capital Expenditures	Bed Equivalents	Age From 2019	Age x Beds
2002	$1,677,164	$35,325	47	17	799
2009	$170,824	$47,948	3	10	30
2014	$310,351	$52,042	5	5	25
2018	$84,308	$53,769	1	1	1
2019	$145,692	$64,701	2	0	0
Totals (Bed Equiv. through 2019)			58		855
Total Bed Equiv. (Base Data + Bed Equiv thru 2019)			58		

* This is the capital expenditure and bed equivalency history from 2002-2019 which reflects the changes subsequent to the Historical Base Data shown above.

Total Facility Size and Weighted Average Age		
Total Facility Size (Licensed Beds + Bed Equiv.)	158	3,400
Weighted Average Age (3,495 / 158)		22

(II) The total asset value is the product of the total facility size times the asset value;

Total facility size	158
x Asset value - 2019	$64,701
Total asset value	$10,222,758

(III) Facility asset value is total asset value less the reduction for age of the beds; and

Total asset value	$10,222,758
x Age of beds x 1%	22%
- Reduction for age (max 40%)	($2,249,007)
Facility asset value	$7,973,751

(IV) Rental value is the facility asset value multiplied by 6.375%—

Facility asset value	$7,973,751
x Rental value percent	x 6.375%
Rental value	$508,327

2. Pass-through expenses.

A. Add the following pass-through expenses, including applicable trends:

(I) Property insurance – line 107 of CR (3-95);

(II) Real estate taxes – line 108 of CR (3-95); and

(III) Personal property taxes – line 109 of CR (3-95);

3. Capital component per diem calculation. A per diem is calculated for each element detailed above in paragraphs (11)(D) 1.–2. which are then added together to determine the total capital cost component per diem.

A. Rental value per diem. A per diem is calculated by dividing the rental value by the computed patient days, rounded to the nearest cent. Computed patient days are equal to the total facility size (i.e., number of licensed beds plus equivalencies) determined in part (11)(D)1.A.(III) multiplied by three hundred sixty-five (365) adjusted by the greater of the minimum utilization as determined in subsection (7)(N) or the facility's occupancy from the rate setting cost report. The following is an illustration of how the rental value per diem is calculated:

	Allowable Cost	**Computed Patient Days ***	**Per Diem**
Rental Value	$508,327	46,136	$ 11.02
* Computed Patient Days:			
Total facility size		158	
x 365 days		x 365	
Subtotal		57,670	
Greater of:			
Minimum Utilization	80.00%		
Facility Occupancy **	56.63%	x 80.00%	
Computed Patient Days		46,136	

** Assumption: facility occupancy from the rate setting cost report = 56.63%

B. Pass-through expenses per diem. A per diem is calculated by dividing the pass-through expenses by the greater of the minimum utilization days as determined in subsection (7)(N) or the facility's patient days from the rate setting cost report, rounded to the nearest cent. The following is an illustration of how the pass-through per diem is calculated:

	Allowable Cost	Patient Days *	Per Diem
Pass-Through Expenses:			
Property Insurance	$23,969		
Real Estate Taxes	$61,962		
Personal Property Taxes	$3,408		
Total Pass-Through Expenses	$89,339		
Trend	7.69%		
Total Trended Pass-Through Expenses	$96,209	43,050	$2.23
* Patient days - Greater of:			
a. Facility patient days		30,475	
b. Minimum utilization days			
Beddays		53,812	
x Minimum Utilization Percent		x 80%	
Minimum utilization days		43,050	

C. The capital cost component per diem is the sum of the per diems determined in subparagraphs (11)(D)3.A. and B.

Rental value	$11.02
Pass-through expenses	$2.23
Total capital cost component per diem	$13.25

(E) The following is an illustration of how subsections (11)(A)–(D) determine the total per diem for the cost components:

Cost Component	Per Diem
Patient Care	$99.28
Ancillary	$16.19
Administration	$35.73
Capital (FRV)	$13.25
Total Cost Component Per Diem	$164.45

(F) Special Per Diem Adjustments. Special per diem rate adjustments may be added to a qualifying facility's rate without regard to the cost component ceiling if specifically provided as described below.

1. Patient care incentive. Each facility with a prospective rate on or after July 1, 2022, shall receive a per diem adjustment equal to four and seventy-fifth percent (4.75%) of the facility's patient care per diem determined in paragraph (11)(A)1. subject to a maximum of one hundred thirty percent (130%) of the patient care median when added to the patient care per diem as determined in paragraph (11)(A)1. This adjustment will not be subject to the cost component ceiling of one hundred twenty percent (120%) for the patient care median.

2. Multiple component incentive. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. If the sum of the facility's patient care per diem and ancillary per diem, as determined in subsections (11)(A) and (11)(B), is greater than or equal to seventy percent (70%), rounded to four (4) decimal places (.6985 would not receive the adjustment) of the facility's total per diem, the adjustment is as follows:

Patient Care & Ancillary Percent of Total Rate	Incentive
< 70%	$0.00
> or = 70% but < 75%	$0.10
> or = 75% but < or = 80%	$0.15
> 80%	$0.20

B. A facility shall receive an additional incentive if it receives the adjustment in subparagraph (11)(F)2.A. and if the facility's Medicaid utilization percent is greater than eighty-five percent (85%), rounded to four (4) decimal places (.8485 would not receive the adjustment). The adjustment is as follows:

Medicaid Utilization Percent	Incentive
< 85%	$0.00
> or = 85% but < 90%	$0.10
> or = 90% but < 95%	$0.15
> or = 95%	$0.20

3. Value Based Purchasing (VBP) Incentive. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. The facility shall receive a per diem adjustment for each Quality Measure (QM) Performance threshold that it meets. The threshold for each QM is based on national cut-points used by CMS in its Five Star Rating System. Each threshold is the maximum QM value a facility can have in order to receive the per diem adjustment. These thresholds are listed in Table A3 of the *Five-Star Quality Rating System: Technical Users' Guide* dated January 2017. The thresholds listed in Table A3 have been rounded to the nearest tenth for purposes of determining the VBP Incentive. Table A3 of the *Five-Star Quality Rating System: Technical Users' Guide* dated January 2017 is incorporated by reference and made a part of this rule as published by CMS and available at https://dss.mo.gov/mhd/providers/nursing-home-reimbursement-resources.htm. This rule does not incorporate any subsequent amendments or additions.

(I) SFY 2023 QM Performance Measure Table. The facility's most current twelve- (12-) month rolling average QM value as of January 21, 2022**,** is used to determine the per diem adjustment(s) the facility qualified to receive for the rates effective July 1, 2022. The QM Performance Measure threshold, rounded to the nearest tenth, and per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	< or = 10.0%	$1.00
Decline in Mobility on Unit	< or = 8.0%	$1.00
High-Risk Residents w/ Pressure Ulcers	< or = 2.7%	$1.00
Anti-Psychotic Medications	< or = 6.8%	$1.00
Falls w/ Major Injury	< or = 1.3%	$1.00
In-Dwelling Catheter	< or = 1.1%	$1.00
Urinary Tract Infection	< or = 1.9%	$1.00

(II) SFY 2024 QM Performance Measure Table.

Effective for dates of service beginning July 1, 2023, the QM Performance Measure per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	< or = 10.0%	$1.87
Decline in Mobility on Unit	< or = 8.0%	$1.87
High-Risk Residents w/ Pressure Ulcers	< or = 2.7%	$1.87
Anti-Psychotic Medications	< or = 6.8%	$1.87
Falls w/ Major Injury	< or = 1.3%	$1.87
In-Dwelling Catheter	< or = 1.1%	$1.87
Urinary Tract Infection	< or = 1.9%	$1.87

(III) SFY 2025 QM Performance Measure Table. Effective for dates of service beginning July 1, 2024, the QM Performance Measure per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	**< or = 10.0%**	**$3.04**
Decline in Mobility on Unit	**< or = 8.0%**	**$3.04**
High-Risk Residents w/ Pressure Ulcers	**< or = 2.7%**	**$3.04**
Anti-Psychotic Medications	**< or = 6.8%**	**$3.04**
Falls w/ Major Injury	**< or = 1.3%**	**$3.04**
In-Dwelling Catheter	**< or = 1.1%**	**$3.04**
Urinary Tract Infection	**< or = 1.9%**	**$3.04**

B. A VBP percentage will also be applied to the per diem adjustment for each facility that qualifies for a VBP Incentive. The VBP percentage will be determined by the total QM score calculated from the Five-Star Rating System scores for each of the eight (8) long-stay QMs, as follows:

(I) The eight (8) long-stay QMs included in the total QM score to determine the VBP percentage include the following:

(a) Decline in Late-Loss ADLs;
(b) Decline in Mobility on Unit;
(c) High-Risk Residents w/ Pressure Ulcers;
(d) Anti-Psychotic Medications;
(e) Falls w/ Major Injury;
(f) In-Dwelling Catheter;
(g) Urinary Tract Infection; and
(h) Physical Restraints;

(II) The facility's most current twelve- (12-) month rolling average QM value as of January 21, 2022, is used to determine the facility's QM Score and VBP Percentage for the rates effective July 1, 2022;

(III) For each QM value, the corresponding number of QM points will be determined from Table A3 of the *Five-Star Quality Rating System: Technical Users' Guide* dated January 2017;

(IV) The QM points for all of the QMs will be summed to determine the facility's total QM Score; and

(V) The VBP percentage for each scoring range is listed in the following table.

QM Scoring Tier	Minimum Score	VBP Percentage
1	600	100%
2	520	75%
3	440	50%
4	360	25%
5	0	0%

4. Mental Illness Diagnosis Add-On. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. If at least forty percent (40%) of a facility's Medicaid participants have the following mental illness diagnosis, the facility shall receive a per diem adjustment of five dollars ($5.00):

(I) Schizophrenia; and
(II) Bi-polar.

(H) Semi-Annual and Annual Rate Updates. Each facility with a prospective rate on or after July 1, 2022, shall have its rate updated for the following items as described below:

1. Semi-Annual Acuity Adjustment for Patient Care Per Diem Rate. Each facility's patient care per diem rate will be adjusted semi-annually using a current Medicaid CMI. The patient care per diem rate will be adjusted effective for dates of service beginning January 1 and July 1 of each year. The Medicaid CMI will be updated based on the facility's average Medicaid CMI *[using the RUGS IV 48 group model classifications]* from the two (2) preceding quarterly calculations. The allowable patient care cost per day determined in paragraph (11)(A)1. shall be adjusted by the applicable Medicaid CMI and shall be the facility's patient care per diem to be included in the facility's total prospective per diem rate, effective each January 1 and July 1. The patient care and multiple component incentives will not be updated based on the adjusted patient care per diem. The facility's prospective rate shall continue to include the patient care and multiple component incentives initially determined for the prospective rate. The applicable Medicaid CMI are as follows:

A. Effective for dates of service beginning January 1 of each year, each facility's Medicaid CMI will be updated using the average of the preceding July 1 and October 1 quarterly Medicaid CMI calculations; and

B. Effective for dates of service beginning July 1 of each year, each facility's Medicaid CMI will be updated using the average of the preceding January 1 and April 1 quarterly Medicaid CMI calculations;

2. Semi-Annual Adjustment for VBP Incentive. Each facility's QM Performance data shall be re-evaluated semi-annually and the per diem add-on rate shall be adjusted accordingly. The VBP will be recalculated effective for dates of service beginning January 1 and July 1 of each year. The QM Performance data will be updated based on the most current data available as of November 15 for the January 1 rate adjustment and as of May 15 for the July 1 rate adjustment. **For facilities that do not have updated data as of the review date, prior period data will be carried forward. This provision will be applied to data frozen by CMS.** A facility must meet the criteria set forth in paragraph (11)(F)3. each period and will lose any per diem adjustments for which it does not continue to qualify;

3. Semi-Annual Adjustment for Mental Illness Diagnosis Add-On. Each facility's Mental Illness Diagnosis data shall be re-evaluated semi-annually and the per diem add-on rate shall be adjusted accordingly. The Mental Illness Diagnosis will be recalculated effective for dates of service beginning January 1 and July 1 of each year. The Mental Illness Diagnosis data will be updated based on the *[most current data available as of November 15]* **final resident listing for October** for the January 1 rate adjustment and *[as of May 15]* **the final resident listing for April** for the July 1 rate adjustment. **For facilities that do not have updated data as of the review date, prior**

period data will be carried forward. A facility must meet the criteria set forth in paragraph (11)(F)4. each period and will lose any per diem adjustments for which it does not continue to qualify;

4. Annual Capital Rate Update. Each facility's capital rate will be recalculated annually by updating the rental value portion of the capital rate. The capital rate will be recalculated at the beginning of each state fiscal year (SFY), effective for dates of service beginning July 1, as follows:

A. The total facility size will be updated each year for any increases or decreases in licensed beds and capital expenditures that qualify as bed equivalencies, as follows:

(I) For SFY 2024, effective for dates of service beginning July 1, 2023, the total facility size will be updated using information from the 2020 and 2021 cost reports; and

(II) For SFY 2025 forward, the total facility size will be updated using the information from the third (3rd) prior year cost report relative to the SFY (i.e., for SFY 2025, the facility size will be updated using 2022 cost report data);

B. The weighted average age of the facility shall be updated each year. The age shall be calculated from the year coinciding with the latest cost report used to update the facility size above in subparagraph (11)(A)1.A. (i.e., the age for SFY 2024 shall be calculated from 2021, the age for SFY 2025 shall be calculated from 2022, etc.); and

C. The asset value shall be updated each SFY. The asset value shall be updated for the year coinciding with the latest cost report used to update the facility size above in subparagraph (11)(A)1.A. (i.e., for SFY 2024 the 2021 asset value shall be used, for SFY 2025 the 2022 asset value shall be used, etc.); and

5. A facility's prospective rate shall be increased or decreased based upon the semi-annual and annual rate adjustments but the rate shall not be decreased below the facility's June 30, 2022, prospective rate.

(12) Adjustments to the Reimbursement. Subject to the limitations prescribed elsewhere in this regulation, a facility's reimbursement rate may be adjusted as described in this section and 13 CSR 70-10.017.

(D) Conditions for prospective rate adjustments. The division may adjust a facility's prospective rate both retrospectively and prospectively under the following conditions:

1. Fraud, misrepresentation, errors. When information contained in a facility's cost report is found to be fraudulent, misrepresented, or inaccurate, the facility's prospective rate may be both retroactively and prospectively reduced if the fraudulent, misrepresented, or inaccurate information as originally reported resulted in establishment of a higher, prospective rate than the facility would have received in the absence of such information. No decision by the division to impose a rate adjustment in the case of fraudulent, misrepresented, or inaccurate information shall in any way affect the division's ability to impose any sanctions authorized by statute or regulation. The fact that fraudulent, misrepresented, or inaccurate information reported did not result in establishment of a higher prospective rate than the facility would have received in the absence of this information also does not affect the division's ability to impose any sanctions authorized by statute or regulation;

2. Decisions of the Administrative Hearing Commission, or settlement agreements approved by the Administrative Hearing Commission;

3. Court order; and

4. Disallowance of federal financial participation.

5. MDS Reviews.

A. If a facility's MDS submissions were corrected as a result of an MDS review and resulted in a revised CMI, a facility's per diem rate shall be adjusted as follows:

(I) For reviews completed between July 1, 2024, and December 31, 2025, per diem rates will only be adjusted for increases in the CMI.

(II) For reviews completed between January 1, 2026, and December 31, 2026, per diem rates will be adjusted for any changes to the CMI. The per diem rate may be increased or decreased based on the adjusted CMI.

(III) For reviews completed after January 1, 2027, per diem rates will only be adjusted for decreases in the CMI.

*AUTHORITY: sections [208.153,] 208.159, 208.201, and 660.017, RSMo 2016, **and section 208.153, RSMo Supp. 2024**. Emergency rule filed May 16, 2023, effective May 31, 2023, expired Nov. 26, 2023. Original rule filed May 16, 2023, effective Dec. 30, 2023. Emergency amendment filed Feb. 21, 2024, effective March 6, 2024, expired Sept. 1, 2024. Amended: Filed Feb. 21, 2024, effective Aug. 30, 2024. Emergency amendment filed January 21, 2025, effective February 4, 2025, expires August 2, 2025. A proposed amendment covering this same material is published in this issue of the **Missouri Register.***

PUBLIC COST: This emergency amendment will cost state agencies or political subdivisions approximately one hundred twenty-five million, one hundred sixty-eight thousand, three hundred fifty-five dollars ($125,168,355) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.

FISCAL NOTE
PUBLIC COST

I. Department Title: Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 10 - Nursing Home Program

Rule Number and Name:	13 CSR 70-10.020 Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services
Type of Rulemaking:	Emergency Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	Estimated Cost in the time the Emergency is effective = $125,168,355
Non-State Government Owned Nursing Facilities (33)	No estimated cost of compliance.

III. WORKSHEET

Description	Nursing Facility	Hospice Nursing Home Room & Board	Total Impact
Total Annual Estimated Cost:			
Estimated Medicaid Days – SFY 2024	7,900,000	665,377	
Per Diem Increase	$14.67	$13.94	
Estimated Impact – SFY 2024	$115,893,000	$9,275,355	$125,168,355

IV. ASSUMPTIONS

Impact to Department of Social Services, MO HealthNet Division: The above impact to DSS, MHD was calculated using the following assumptions:

Nursing Facilities and HIV Nursing Facilities:
This amendment provides for an average rate increase of $13.50 per day to nursing facility and HIV nursing facility per diem reimbursement rates due to rebasing and a $1.17 per diem increase in the Value Based Purchasing (VBP) incentives for qualifying facilities for a total per diem increase of $14.67. The fiscal impact is derived from initial rebase estimates. The per diem impact is contingent on the final rebase amount following the final review of all cost reports.

Hospice:

Hospice providers will be impacted by this amendment because reimbursement for hospice services provided in nursing facilities (i.e., Hospice Nursing Home Room and Board) is based on the nursing facility per diem rate. MHD conducted a fiscal analysis using 13 CSR 70-50.010 to estimate the impact to hospice. Please note this is an estimated analysis with the assumption of hospice appropriation authority.

Hospice Nursing Home Room and Board services are reimbursed 95% of the nursing facility per diem rate. The per diem increase to nursing facility rates of $14.67 computes to a per diem increase to hospice reimbursement rates of $13.94 ($14.67 x 95%).

Estimated Paid Days:

Nursing Facility –

The estimated nursing facility days for SFY 2025 are based on the nursing facility days paid for the last two SFYs. MHD expects the full amount of the annual estimated impact to be paid in the time the emergency is in effect because MHD will reprocess claims paid at the old rate to reflect the new rate.

Hospice –

The estimated hospice days for SFY 2025 are based on the hospice days provided in nursing facilities for the last two SFYs. MHD expects the full amount of the annual estimated impact to be paid in the time the emergency is in effect because MHD will reprocess claims paid at the old rate to reflect the new rate.

Home and Community Based Services (HCBS):
HCBS provided on a monthly basis are limited to a percentage of the average monthly nursing facility payment (referred to as the HCBS cost cap). The HCBS cost cap for a given SFY is based on the average monthly nursing facility payments for the 12 months ending in April of the previous SFY. Therefore, the per diem increase to nursing facility rates of $14.67 effective for dates of service beginning July 1, 2024 will not impact the HCBS cost cap for SFY 2025 but may impact the HCBS cost cap for SFY 2026. For SFY 2026, the HCBS cost cap is estimated to increase by approximately 10% as a result of this amendment. This may increase the amount of services, and the payments, for MO HealthNet participants that are at the cap.

Impact to Non-State Government Owned Nursing Facilities (33): The amendment will have no cost of compliance for Medicaid enrolled non-state government owned nursing facilities because it will have a positive fiscal impact. This amendment provides for an average per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of $14.67 effective for dates of service beginning July 1, 2024.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER 25-10

WHEREAS, the negative effects of weather events are being experienced and are forecasted in numerous areas in the State of Missouri, including among farmers and agricultural producers; and

WHEREAS, severe winter weather systems forecasted for January 19, 2025, and previous storms impacting this state on January 4, 2025, have created or have the potential to create a condition of distress and hazard to the safety, welfare, and property of the people of the state of Missouri as well as livestock; and

WHEREAS, the resources of the state of Missouri may be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to poultry and livestock in this state as well as to the safety and welfare of our fellow Missourians; and

WHEREAS, Missourians depend on an affordable food supply contingent on poultry and livestock being impacted minimally from weather events; and

WHEREAS, the State of Missouri must continue to be proactive where the health and safety of its citizens are concerned; and

WHEREAS, a temporary suspension of current regulations on maximum driving times is necessary to the safety and welfare of the citizens of the State of Missouri in order to ensure that operators of commercial motor carriers who are assisting in the aforementioned efforts within the State of Missouri can transport livestock/poultry in and across Missouri; and

WHEREAS, the State of Missouri is currently in a State of Emergency within the meaning of 49 C.F.R. Section 390.23; and

WHEREAS, an invocation of the provisions of sections 44.100 and 44.110, RSMo, is required to ensure the safety and welfare of the people and livestock/poultry of Missouri and to activate the resources necessary to keep Missourians safe.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri within the meaning of 49 C.F.R. Section 390.23 and direct the Missouri State Emergency Operations Plan activated.

I further order vehicles used in support of the transportation of products utilized by poultry and livestock producers in their farming and ranching operations be exempt from the hours-of-service requirements in 49 C.F.R. Part 395, as incorporated in state law, including but not limited to Sections 307.400, 390.201, and 622.550, RSMo, and 11 CSR 30-6.010, for the duration of this Order.

Nothing in this Order shall be construed as an exemption from applicable controlled substances and alcohol use and testing requirements in 49 C.F.R. Part 382, the commercial driver's license requirements in 49 C.F.R. Part 383, the financial responsibility requirements in 49 C.F.R. Part 387, applicable size and weight requirements, or any portion of Federal and State regulations not specifically identified.

Additionally, nothing in this Order shall require or allow an ill or fatigued driver to operate a commercial motor vehicle as described in 49 C.F.R. Section 390.23(b). Motor carriers or drivers currently subject to an out-of-service order are not eligible for the exemption and suspension until the out-of-service order expires or the conditions for rescission have been satisfied.

I further order, pursuant to sections 41.480 and 41.690, RSMo, the Adjutant General of the State of Missouri, or his designee, to forthwith call and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri, to protect life and property, and it is further directed that the Adjutant General or his designee, and through him, the commanding officer of any unit or other organization of such organized militia so called into active service take such action and employ such equipment as may be necessary in support of civilian authorities, and provide such assistance as may be authorized and directed by the Governor of this State.

I further order state agencies to provide assistance as needed.

This Order shall terminate on January 24, 2025, unless extended in whole or in part.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 17th day of January, 2025.

Michael Kehoe

MIKE KEHOE
GOVERNOR

ATTEST:

Denny Hoskins

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER 25-11

WHEREAS, Section 105.454(5), RSMo, requires the Governor to designate those members of his staff who have supervisory authority over each department, division, or agency of the state department.

NOW THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions or agencies:

Office of Administration	Adam Gresham
Department of Agriculture	Drew Dampf
Department of Conservation	Casey Adrian
Department of Corrections	Lowell Pearson
Department of Economic Development	Bill Anderson
Department of Elementary and Secondary Education	Jamie Birch
Department of Health and Senior Services	Lowell Pearson
Department of Higher Education and Workforce Development	Jamie Birch
Department of Commerce and Insurance	Drew Dampf
Department of Labor and Industrial Relations	Bill Anderson
Department of Mental Health	Bill Anderson
Department of National Guard	Adam Gresham
Department of Natural Resources	Adam Gresham
Department of Public Safety	Adam Gresham
Department of Revenue	Lowell Pearson
Department of Social Services	Jamie Birch
Department of Transportation	Casey Adrian
Missouri Housing Development Commission	Jamie Birch
Boards Assigned to the Governor	Keri Stuart
Unassigned Boards and Commissions	Keri Stuart

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23rd day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

RECEIVED & FILED
JAN 23 2025
SECRETARY OF STATE
COMMISSIONS DIVISION

EXECUTIVE ORDER 25-12

WHEREAS, the people of Missouri deserve a Governor's Office that operates ethically, with integrity, and in the best interest of the public; and

WHEREAS, employees of the Governor's Office must adhere to the highest ethical standards, demonstrating impartiality, respect, and dedication in the fulfillment of their duties; and

WHEREAS, public trust in the Governor's Office depends on the avoidance of any actual or perceived conflicts of interest that could undermine confidence in the integrity of public service; and

WHEREAS, employees of the Governor's Office must serve solely to benefit the people of Missouri, refraining from any actions or decisions that provide personal benefit or create the appearance of undue influence; and

WHEREAS, this administration is committed to fostering a culture of accountability, transparency, and respect within the Governor's Office and throughout state government;

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Section 105.969 RSMo., do hereby establish this Code of Conduct for all employees of the Office of the Governor:

CODE OF CONDUCT

1. **Ethical Standards and Public Trust**
    a. Employees of the Governor's Office shall conduct themselves in a manner that inspires public confidence and trust in the Office and its operations.
    b. Employees must avoid actions or interests that improperly influence—or appear to influence—their official duties or the reputation of the Governor's Office.
2. **Impartiality and Conflicts of Interest**
    a. Employees shall not participate in any proceeding or decision where their impartiality might reasonably be questioned due to personal or financial interests.
    b. No employee shall derive personal gain from their position or engage in any activity inconsistent with the conscientious performance of their duties.
3. **Prohibition on Gifts and Undue Influence**
    a. Employees shall not solicit or accept gifts from lobbyists or other parties that may create or imply an obligation or influence on decision-making.
    b. Employees of the Governor's Office shall not engage in executive lobbying, as defined in Section 105.470(2) RSMo, during the administration for which they served.
4. **Confidentiality and Proper Use of Resources**
    a. Employees shall not disclose confidential or privileged information acquired through their position for personal or external benefit.
    b. State resources, equipment, and materials entrusted to the Governor's Office are to be used exclusively for official purposes and responsibly maintained.
    c. No official business shall be conducted using any application, device, or software program not place on an official state device.
5. **Accountability and Reporting**
    a. Employees are expected to report any violations of this Order in good faith without fear of retaliation or reprisal.

b. Violations of this Order may result in disciplinary action, up to and including termination of employment.

6. Supplementary Provisions

a. The Chief of Staff of the Governor's Office is responsible for enforcing this Order and may establish additional provisions to address specific needs or circumstances.

b. The Governor and Governor's General Counsel are responsible for enforcing this Order upon the Chief of Staff of the Governor's Office.

c. This Order is supplementary to all applicable laws and regulations governing employee conduct and does not supersede or reduce any legal requirements.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23rd day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER 25-13

WHEREAS, Missouri law provides for the establishment of rules by state agencies to implement, interpret, or prescribe law or policy, or to describe the organization, procedure, or practice requirements of a state agency; and

WHEREAS, state administrative agency rules have the force and effect of law; and

WHEREAS, Chapter 536 of the Revised Statutes of Missouri detail the processes and confines of administrative procedure and review; and

WHEREAS, Section 536.014, RSMo. requires that all rules have statutory authority, not conflict with state law, and not be so arbitrary and capricious as to create such substantial inequity as to be unreasonably burdensome on persons affected; and

WHEREAS, it is essential that all state rules be limited in nature, easy to navigate and understand, and not be overly burdensome; and

WHEREAS, rules play an integral role in the overall regulatory environment of the State and must be carefully crafted to balance their intended purpose of clarifying statute, describing organizational structures, processes, and procedures, while also minimizing negative impacts on Missouri citizens, businesses, organizations, and visitors; and

WHEREAS, public input on administrative actions, including rules, is critical to accomplishing these goals and ensuring good governance.

NOW THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby order:

1. **Directive to Executive Department Directors and Commissioners**

   Executive Department directors and commissioners shall spend a minimum of eight hours per month directly soliciting input from their respective agency's stakeholders. They shall use this input to inform their respective agency's operations and policies, with the goals of providing excellent customer service, safeguarding the health, safety, and welfare of Missourians, and upholding the law.

2. **State Agency Rulemaking Requirements**

   a. No State Agency shall promulgate proposed regulations for notice and comment, amend existing regulations, or adopt new regulations at any time until approved by the Office of the Governor.

   b. Future proposed rulemakings must meet the following standards:

      i. The regulation is enabled by the state constitution or statute;

      ii. The regulation is essential to or promotes the health, safety, or welfare of Missouri residents;

      iii. The public and private costs of the regulation are reasonable and prudent;

      iv. A process and schedule exist to measure the effectiveness and necessity of the regulation in the future, as well as to make modifications as needed;

      v. The regulation is easy to navigate and understand;

      vi. The regulation is based on sound, reasonably available scientific, technical, economic, and other relevant information; and

vii. The regulation does not unduly and adversely affect Missouri citizens, businesses, or customers of the State, or the competitive environment in Missouri.

c. This Order does not modify any State Agency's obligations under Section 536.175, RSMo.

d. "State Agency" shall have the definition provided in Section 536.010(8), RSMo.

e. This Order shall supersede any previous executive order that is inconsistent with the terms contained herein.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 23rd day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER 25-14

WHEREAS, Article IX, section 1(a) of the Missouri Constitution states that a "general diffusion of knowledge and intelligence" is essential to the rights and liberties of the people; and

WHEREAS, Article IX, section 1(a) of the Missouri Constitution provides that the General Assembly shall establish and maintain free public schools; and

WHEREAS, access to quality education for our youth is paramount to the success of Missouri; and

WHEREAS, the current funding mechanisms for public and charter schools in Missouri require reevaluation to ensure they are sustainable, equitable, and effective in supporting optimal educational outcomes; and

WHEREAS, maximizing educational outcomes through the most efficient use of funding is essential to ensuring every student in Missouri has access to quality education, thereby setting Missouri children and youth up for success both now and in the future; and

WHEREAS, it is essential to modernize the K-12 education foundation formula to reflect contemporary educational needs, economic realities, and demographic shifts; and

WHEREAS, a comprehensive review by a diverse group of stakeholders is necessary to achieve a sustainable, equitable, and fair funding model; and

WHEREAS, transparency and accountability in the allocation of educational funds are essential to maintain public trust and ensure tax dollars are effectively used to enhance student learning.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and Laws of the State of Missouri, do hereby establish the Missouri School Funding Modernization Task Force as follows:

I. Composition:

The Task Force shall consist of the following members:

a. Two senators from the Missouri Senate, appointed by the President Pro Tem of the Senate;
b. Two representatives from the Missouri House of Representatives, appointed by the Speaker of the House;
c. A member of the State Board of Education, appointed by the State Board of Education;
d. A superintendent from a large urban school district in Missouri, appointed by the Governor;
e. A superintendent from a small rural school district in Missouri, appointed by the Governor;
f. A teacher from a school in Missouri, appointed by the Governor;
g. A representative of charter schools in Missouri, appointed by the Governor;
h. A representative from a non-profit organization that works on expanding school choice in Missouri, appointed by the Governor;
i. A representative of the business community, appointed by the Governor;
j. A representative of the agriculture industry, appointed by the Governor; and
k. Other members as appointed by the Governor.

II. Support:

Staff from the Governor's Office and the Department of Elementary and Secondary Education shall provide necessary support, including but not limited to, research, data analysis, and administrative assistance. The Commissioner of the Department of Elementary and Secondary Education may participate on the Task Force as a non-voting member.

The Task Force may use an informal staff-level working group composed of staff from the organizations represented on the Task Force to assist in fulfilling the objectives of the Task Force.

III. Objectives:

The Task Force shall develop recommended changes to modernize the state funding structure for K-12 education.

a. Recommended changes to the funding formula shall ensure:

1. Equality of opportunity for all students, regardless of geographic location, socioeconomic status, or other factors that cause disparate opportunities;
2. Sustainability, based on realistic state and local revenue forecasts, including bounds for realistic changes in funding on an annual basis;
3. Incentives are based on performance of schools and educational outcomes; and
4. Adequate funding to sustain school operations and address reasonable educational costs.

The primary funding model recommendation developed by the Task Force should produce funding amounts for K-12 public education in the first year of implementation at a level consistent with what is provided for in the State Fiscal Year 2025 budget for distributions to the free public schools, notwithstanding any additional increases required separately by previously enacted legislation. Such recommendation should also minimize, as much as possible, significant negative impacts to individual school districts.

IV. Reporting:
The Task Force shall submit a final report to the Governor by December 1, 2026, detailing recommendations for potential state funding models for K-12 public and charter schools. The report should include up to three alternative recommendations or components of the recommended model, as well as a summary of feedback garnered through the work of the Task Force from stakeholders.

V. Compensation:
Members of the Task Force shall serve without compensation but may be reimbursed for necessary expenses incurred in the performance of their duties, subject to availability of funds.

VI. Duration:
The Task Force shall dissolve upon submission of its final report unless extended by subsequent executive action.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 28th day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER 25-15

WHEREAS, accessible, affordable, and high-quality child care is critical to the economic and social well-being of Missouri's families and communities; and

WHEREAS, child care providers play a vital role in supporting parents, caregivers, and employers by ensuring children are cared for in safe, healthy, and nurturing environments; and

WHEREAS, current and prospective child care providers report the current regulatory framework for child care as complex and cite heavy regulatory burdens that discourage individuals and organizations from entering or remaining in the field of child care; and

WHEREAS, the reduction of onerous regulations, while maintaining essential health and safety requirements, can support the growth of a competitive child care market, increase availability of child care options, and reduce financial burdens on families; and

WHEREAS, improving the readability, accessibility, and usability of licensing requirements and related materials can help prospective and current child care providers navigate the regulatory requirements more effectively; and

WHEREAS, fostering an environment that encourages the establishment and sustainability of child care providers will help address the growing demand for child care services across Missouri.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and Laws of the State of Missouri, do hereby charge the Office of Childhood within the Missouri Department of Elementary and Secondary Education with improving the state regulatory environment for child care facilities and homes without compromising essential safety or health standards.

I further order the Office of Childhood to identify, evaluate, and execute these regulatory reforms with input from stakeholders across the state, including at least the following:

a. Rural child care providers;
b. Urban child care providers;
c. Child care home providers;
d. Child care facility-based providers;
e. Child care staff;
f. Child welfare advocacy organizations;
g. Legislators; and
h. Families with children in licensed child care within Missouri.

The Office of Childhood shall eliminate or substantively modify regulations that are duplicative, outdated, or unnecessarily burdensome, with the goal of reducing the regulatory requirements on state child care licensing by at least 10%.

I further order the Office of Childhood to improve the readability and accessibility of the state child care licensing regulations.

The Office of Childhood shall submit a comprehensive report to the Office of the Governor detailing the findings, proposed or planned actions, and actions taken as a result of this Order by September 1, 2025.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 28th day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

EXECUTIVE ORDER 25-16

WHEREAS, my administration is committed to improving both educational and employment outcomes for Missouri students, and career and technical education plays a major role in ensuring Missouri's workforce is learning the skills and tools necessary to meet the employment demands of the future; and

WHEREAS, career and technical education in Missouri serves students in junior high through postsecondary grade levels, focusing on Agriculture, Business, Health Sciences, Skilled Technical Sciences, and Technology and Engineering, among others; and

WHEREAS, skilled workers in these specified employment fields and others are already deemed high-need, and economic and employment projections only anticipate this demand growing in the coming years; and

WHEREAS, Missouri's career and technical education infrastructure consists of 444 comprehensive high schools, 57 career centers, 12 community college districts, and one state technical college, in addition to a robust four-year institution network; and

WHEREAS, with guidance from the Missouri General Assembly and elected leaders, the Department of Elementary and Secondary Education has developed many new tools and programs to improve career and technical education, including Missouri Connections, WorKeys partnerships, youth apprenticeship programs, career counseling, and the Missouri CTE Certificate for high school graduates, but knowledge and utilization of existing programing is insufficient and can be improved; and

WHEREAS, Missouri has made great progress in updating, expanding, and improving physical career and technical education infrastructure and capacity in recent years; and

WHEREAS, still more can be done to better coordinate, communicate, and update educational programming to increase awareness and utilization of career and technical education opportunities for Missouri students and families as well as employers seeking skilled workers; and

WHEREAS, increased engagement with key career and technical education stakeholders and partners has the potential to greatly improve career and technical education program awareness and participation, as well as employment opportunities for Missouri's future workforce.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and Laws of the State of Missouri, do hereby charge the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Higher Education and Workforce Development as a principal partner, with improving existing career and technical education delivery systems in Missouri. This charge will formally be known as the Governor's Workforce of the Future Challenge and shall be carried out as follows:

I. Directive to the Department of Elementary and Secondary Education:
The Missouri Department of Elementary and Secondary Education shall engage key stakeholders to update and improve career and technical education delivery systems in Missouri. The focus of this work shall be on marked improvements to career and technical education attainment and increasing utilization through existing programming.

Recommendations for fundamental and long-term changes should also be considered.

II. Objectives and Guiding Principles:
The Missouri Department of Elementary and Secondary Education shall work with stakeholders across the state to accomplish the following goals:

a. Increase partnerships and awareness of career and technical education opportunities for both students and potential employers.
    1. Incentivize secondary and postsecondary training partnerships that lead to employment after training is complete or seamless continuous training at the postsecondary level.
    2. Provide resources for parents of elementary and secondary students to increase awareness of emerging industries and associated job opportunities and counter outdated misconceptions surrounding various occupations.
    3. Solidify business and industry endorsement of the Missouri CTE certificate and encourage business and industry to provide advanced employment opportunities for students who earn various training credentials.

b. Continue career and technical education program development and expansion, emphasizing that career counseling should begin early, ideally before junior high, in a student's academic career.

1. Enhance career advising efforts by expanding school counselor support systems.
2. Strengthen career advising efforts at the elementary and middle school levels.
3. Develop instructional resources that support the development of employability skills that are in high demand.
4. Provide support to elementary and middle schools to create age-appropriate courses that help students explore career pathways and develop fundamental technical, critical thinking, and soft skills.
5. Address the skills gap by incentivizing the creation of work-based learning opportunities and the creation of innovative programs that respond to high demand occupations at the local level.

c. Increase Missouri Connections utilization in K-12 and postsecondary educational institutions.
d. In coordination with the Department of Higher Education and Workforce Development, increase WorkKeys implementation in Missouri high schools to ensure every county is a certified work ready county and promote and expand youth apprenticeship opportunities in both K-12 and postsecondary educational settings.
e. Improve collaboration among regional job centers, registered youth apprenticeship consultants, and career advisors.
f. Conduct a comprehensive review of career and technical education programs across the state to assess deficiencies and identify resources that could be better utilized toward modern programs.
g. Identify and eliminate burdensome regulations that hinder career and technical education instruction capacity and student utilization. This should include making it easier for interested industry experts to provide career and technical education instruction by removing unnecessary and specific higher education credentials and qualifications.

III. Stakeholder Engagement:

The Department of Elementary and Secondary Education shall engage stakeholders, including at least those listed below, to ensure the success of this challenge, as well as solicit feedback on how the career and technical education landscape in Missouri can be improved:

a. Department of Higher Education and Workforce Development
b. K-12 schools
c. Career and Technical Education institutions
d. Business and industry partners (including those in agriculture)
e. Economic development partners
f. Missouri institutions of higher education (including universities and community colleges)
g. Apprenticeship facilitators and consultants
h. Career counseling experts
i. Missouri's Career and Technical Education Advisory Council

The first stakeholder meeting shall be convened by the Governor's Office, in collaboration with the Department of Elementary and Secondary Education, no later than May 1, 2025.

IV. Duration and Reporting:

The Department of Elementary and Secondary Education shall submit an annual report to the Governor by September 30 of each year summarizing efforts that have been made in the current year, progress towards the overarching goals of this challenge, feedback from external stakeholders, and policy recommendations. The order shall remain in effect until December 31, 2028, unless otherwise dissolved by subsequent executive action.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 28th day of January, 2025.

MIKE KEHOE
GOVERNOR

ATTEST:

DENNY HOSKINS
SECRETARY OF STATE

The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 30 – Animal Health
Chapter 1 – Organization and Description

PROPOSED AMENDMENT

2 CSR 30-1.020 Laboratory Services and Fees. The department is amending section (2).

PURPOSE: This proposed amendment is necessary to support industry in testing for diseases of concern as there are no other laboratories within Missouri that can conduct the testing, and without regulatory authority and established fees MDA is unable to conduct such tests.

(2) No fees will be charged for tests for diseases which are included in a state and federal cooperative program. Fees for nonprogram services performed at the Animal Health Diagnostic Laboratories are as follows:

(C) Molecular Diagnostics –	
1. Avian Influenza PCR	$21.00
2. African Swine Fever PCR	$20.00
3. Avian Metapneumovirus A/B	**$35.00**
4. Avian Metapneumovirus C	**$35.00**
*[3.]***5.** Classical Swine Fever PCR	$20.00
6. Egg Drop Syndrome (Adenovirus 76)	**$38.50**
*[4.]***7.** Foot & Mouth Disease PCR	$20.00
*[5.]***8.** Johne's PCR, DNA Probe	$26.25
*[6.]***9.** Johne's Pooling (per sample)	$31.50
*[7.]***10.** Newcastle Disease Virus PCR	$21.00
*[8.]***11.** Salmonella PCR	$21.00
*[9.]***12.** Tritrichomonas Foetus PCR	$26.25
*[10.]***13.** Tritrichomonas Foetus PCR Pooling	$31.50

*AUTHORITY: section 267.122, RSMo 2016. Original rule filed July 15, 1993, effective Jan. 31, 1994. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 27, 2025, effective Feb. 10, 2025, expires Aug. 8, 2025. Amended: Filed Jan. 27, 2025.*

PUBLIC COST: This amendment will cost state agencies or political subdivisions nineteen thousand seven hundred eighty-seven dollars and fifty cents ($19,787.50) in the aggregate.

PRIVATE COST: This amendment will cost private entities two hundred twenty-seven thousand five hundred dollars ($227,500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, 1616 Missouri Blvd, Jefferson City, MO 65109, or by email at animal.health@mda.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC COST

I. Department Title: Agriculture
Division Title: Animal Health
Chapter Title: Organization and Description

Rule Number and Name:	2 CSR 30-1.020 Laboratory Services and Fees
Type of Rulemaking:	Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Missouri Department of Agriculture	**$19,787.50**

III. WORKSHEET

Avian Meta Types A/B- 2500 cost to the department per test $3.75 X 2500 yearly = $9,375.00
Avian Meta Type C-1250 test cost to the department per test $3.75 X 1250 yearly = $4687.50
Egg Drop Syndrome-2500 test cost to the department per test $2.29 X 2500 yearly = $5,725

Total cost for testing supplies paid for Department of Agriculture annually is **$19,787.50**.

IV. ASSUMPTIONS

The cost for doing 1 aMPV sample is S129.12 and cost for 1 EDS sample is 42.33.
The cost for 3 aMPV is $56.25 ea and 3 EDS is $39.91.
The cost for 10 aMPV is $7.52 and10 EDS is $20.29.
A full plate of aMPV (90 samples) is $21.02.
A full plate of EDS (90 samples) is $13.21.
Expected testing is between 10-20 aMPV at a time and 3-10 EDS at a time but that is purely speculation.

FISCAL NOTE
PRIVATE COST

I. Department Title: Agriculture
Division Title: Animal Health
Chapter Title: Organization and Description

Rule Number and Title:	2 CSR 30-1.020 Laboratory Services and Fees
Type of Rulemaking:	Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Approximately 375 accredited veterinarians/veterinary clinics		**$227,500**

III. WORKSHEET

Avian Meta Types A/B- 2500 test per year X $35 = $87,500
Avian Meta Type C-1250 test per year X $35 = $43,750
Egg Drop Syndrome-2500 test per year X 38.50 = $96,250

Total of $227,500 annually

IV. ASSUMPTIONS

Calculations were made based on the number of similar tests billed during FY24. The number of tests billed were multiplied by the proposed cost.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 30 – Animal Health
Chapter 10 – Food Safety and Meat Inspection

PROPOSED AMENDMENT

2 CSR 30-10.010 Inspection of Meat and Poultry. The department is amending section (2).

*PURPOSE: This amendment ensures that the current rule language includes the most recent publication of Part 300 to end of Title 9, **Code of Federal Regulations**, for the Missouri Meat and Poultry Inspection Program to be in compliance with federal regulations and maintain "equal to" status as determined by the United States Department of Agriculture Food Safety and Inspection Service.*

(2) The standards used to inspect Missouri meat and poultry slaughter and processing shall be those shown in Part 300 to end of Title 9 of the *Code of Federal Regulations* (January *[2024]* **2025***)*, herein incorporated by reference and made a part of this rule as published by the United States Government Publishing Office, 732 N. Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800, DC area (202) 512-1800, website: http://bookstore.gpo.gov. This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY: section 265.020, RSMo 2016. Original rule filed Sept. 14, 2000, effective March 30, 2001. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 31, 2025, effective Feb. 18, 2025, and expires Aug. 16, 2025. Amended: Filed Jan. 31, 2025.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by website at https://agriculture.mo.gov/proposed-rules/ or by mail to Missouri Department of Agriculture, attn: Meat Inspection Program, PO Box 630, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 26 – Dealer Licensure

PROPOSED AMENDMENT

12 CSR 10-26.231 Maximum Dealer Administrative Fees. The department is amending section (1).

PURPOSE: This proposed amendment establishes the annual increase to the maximum administrative fee collected as determined by the annual average of the Consumer Price Index for All Consumers per section 301.558, RSMo.

(1) As required by section 301.558(4), RSMo, the values in the table below are the yearly maximum administrative fees which may be collected by motor vehicle dealers, boat dealers, and powersport dealers licensed pursuant to sections 301.550 to 301.580, RSMo, and as published in the *Missouri Register* as soon as practicable after January 14 of each year.

Maximum Fee (Year)	CPIAUC Increase	New Maximum Fee	Effective Licensure Year
$500 (2021)	4.7%	$523.50	2022
$523.50 (2022)	8.0%	$565.38	2023
$565.38 (2023)	3.9%	$587.43	2024
$587.43 (2024)	**2.9%**	**$604.47**	**2025**

*AUTHORITY: sections 301.553 and 301.558, RSMo Supp. **[2023] 2024**. Original rule filed Feb. 21, 2022, effective Aug. 30, 2022. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 3, 2025, effective Feb. 19, 2025, expires Aug. 17, 2025. Amended: Filed Feb. 3, 2025.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legislative Office, 301 W. High Street, Room 218, Jefferson City, MO 65109-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 10 – Nursing Home Program

PROPOSED AMENDMENT

13 CSR 70-10.020 Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services. The division is amending sections (4), (10), (11), and (12).

PURPOSE: This amendment provides for a rebasing of nursing facility and HIV nursing facility per diem rates using a more current cost report year, changes the resident classification system used to determine the case mix index, updates the value based purchasing per diem adjustment, provides for a facility size and occupancy rate adjustment, describes the process for reviewing information used in determining the case mix index and mental illness diagnosis add-on, clarifies data used for determining the mental illness diagnosis add-on, clarifies capital rate used in the interim rate, clarifies when an independent audit is required, and provides for reviews to be done on minimum data set submissions and adjustments to the reimbursement rate based on the MDS reviews, effective for dates of service beginning July 1, 2024. These revisions correspond to the state fiscal year 2025 appropriation for nursing facilities and are contingent upon approval by the Centers for Medicare & Medicaid Services (CMS).

(4) Definitions.

(N) Case Mix Index (CMI). Weight or numeric score assigned to a resident classification system (e.g. Resource Utilization Group (RUG), Patient-Driven Payment Model (PDPM), etc.) grouping to reflect the relative resources predicted to care for a resident. The average acuity level of patients in a facility can be determined and expressed by calculating an average of the individual CMI values for each resident. Resident classifications are determined from information derived from the Minimum Data Set (MDS) evaluations for a given period.

1. Resident classification systems used to determine CMI.

A. RUG IV. Effective for dates of service from July 1, 2022, through June 30, 2024, the Resource Utilization Group (RUG) IV, 48 groups, Logic Version 1.03, CMI Set F01 (48-Grp) (i.e., RUG IV 48 group model classification system) is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services (CMS) at its website, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation, June 29, 2022. Applicable files are RUG-IV DLL Package V1.04.1 Final (.zip) and RUG III Files & RUG IV Files (.zip). This rule does not incorporate any subsequent amendments or additions.

B. Patient Driven Payment Model (PDPM). Effective for dates of service beginning July 1, 2024, the PDPM nursing component case mix groups (CMG) and case mix index table effective October 1, 2023, as listed in the final Skilled Nursing Facility Prospective Payment System (SNF PPS) payment rule for FY 2024, as published by the Office of the Federal Register at 7 G Street NW, Suite A-734, Washington, DC 20401, August 7, 2023, is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule. This rule does not incorporate any subsequent amendments or additions.

*[1.]***2.** Individual CMIs are calculated as follows:

[A. The RUG IV, 48 groups, Logic Version 1.03, CMI Set F01 (48-Grp) (i.e., RUG IV 48 group model classification system) is used to determine the CMIs used in this regulation and is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid services (CMS) at its website https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation, June 29, 2022. Applicable files are RUG-IV DLL Package V1.04.1 Final.zip and RUG III Files & RUG IV Files.zip. This rule does not incorporate any subsequent amendment or additions;]

*[B.]***A.** Providers should follow CMS guidelines for completing and submitting MDS assessments. No extra MDS assessments are required as a result of this rule;

*[C.]***B.** *[The]***An** index maximizing methodology is used to calculate the individual CMI **for RUG classifications**. The index maximizing classification system will select the RUG with the highest CMI for individuals that qualify for multiple RUGs*[.]*; **and**

C. A hierarchical methodology is used to determine the individual CMI for the PDPM nursing component classifications.

(I) The hierarchical classification system will work through the PDPM nursing classifications in order and select the first group for which the patient qualifies.

(II) The nursing classification hierarchical order includes –

(a) Extensive services;

(b) Special care high;

(c) Special care low;

(d) Clinically complex;

(e) Behavioral symptoms and cognitive performance; and

(f) Reduced physical function.

(III) The first of the twenty-five (25) individual PDPM nursing groups for which the patient qualifies is the assigned PDPM nursing classification.

*[2.]***3.** Facility CMIs are calculated as follows:

A. Facility CMI calculations will be based on quarterly point-in-time data snapshots. These snapshot dates are January 1, April 1, July 1, and October 1;

B. The midnight census will determine the residents that are included in the facility's CMI;

C. The Assessment Reference Date (ARD) will be used to determine the assessment included in each quarterly CMI calculation;

D. A look-back period of one hundred eighty (180) days will be used to determine the residents included in calculating the facility CMI. The look-back period cutoff date is the day prior to the snapshot date (i.e., for the January 1 CMI calculation, the ARD would need to be December 31 or earlier);

E. The most current MDS assessment *[generating a RUG classification]* for an individual in the look-back period of one hundred eighty (180) days will be used;

F. Only assessments that are included in the MDS data sent to the state through the CMS system will be available for case mix calculations; *[and]*

G. An average acuity level will be determined for each facility for each snapshot date by using a simple average of the CMI values for all residents included in the data for the snapshot date.

(I) Medicaid CMI. The average acuity level for Medicaid patients in a facility.

(a) Medicaid pending residents will be included in the facility's Medicaid CMI calculation.

(b) Medicaid hospice residents will be included in the facility's Medicaid CMI calculation.

(c) Medicaid manage**d** care residents will be included in the facility's Medicaid CMI calculation.

(II) Total CMI. The average acuity level for all patients in a facility*[.]***; and**

H. When facility-specific CMI data is not available, the statewide average CMI will be used.

4. Resident listings.

A. Nursing facilities will be provided a draft resident listing to review for accuracy and will be given a minimum of two (2) weeks to correct resident listings that are not accurate.

(I) The draft resident listing will include resident specific information including but not limited to –

(a) The resident's name and identification number;

(b) The payment source;

(c) The ARD;

(d) The PDPM nursing code and corresponding CMI;

(e) Whether the resident has a mental illness diagnosis that qualifies for the mental illness diagnosis add-on which is used to determine the facility's Medicaid CMI; and

(f) Whether the facility qualifies for the mental illness diagnosis add-on.

(II) Nursing facilities will be notified when the draft resident listings are available to review and will

include the due date for when all corrections must be done.

B. Facilities may submit corrections to the draft resident listings as follows:

(I) Payer source. Corrections to the payer source for a resident should be submitted to the division or its authorized contractor;

(II) Other corrections. Any corrections to the data other than corrections to the payer source must be submitted through the CMS Internet Quality Improvement and Evaluations System (iQIES). Chapter 5 of the Long-term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual discusses submission and correction of MDS assessments. The RAI manual is incorporated by reference in this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Blvd., Baltimore, MD 21244, October 1, 2024. This rule does not incorporate any subsequent amendments or additions.

C. A final resident listing will be prepared based on the draft resident listing plus any corrections submitted by the facility by the due date.

D. No corrections will be accepted after the due date unless the division or its authorized contractor has given prior approval.

E. The final resident listing will be used to determine the CMI and mental illness diagnosis add-on included in a facility's per diem rate and will be provided when the final per diem rate is determined.

F. If any of a facility's corrections that were submitted on a timely basis were not captured in the final resident listing, the facility may submit a request to the division or its authorized contractor to review. The request must include documentation supporting their claim.

(W) Data *[b]***B**ank. The data from the rate base year cost reports used to determine the medians, ceilings, and per diem rates for nursing facilities.

1. A separate data bank shall be created for nursing facilities and HIV nursing facilities, as follows:

A. The data bank for nursing facilities shall include all nursing facilities except hospital based facilities and HIV facilities; and

B. The data bank for HIV nursing facilities shall only include HIV nursing facilities.

2. If a facility has more than one (1) cost report with periods ending in the rate base year, the cost report covering a full twelve- (12-) month period ending in the rate base year will be used. If none of the cost reports cover a full twelve (12) months, the cost report with the latest period ending in the rate base year will be used. **Beginning with the SFY 2025 rebase, cost reports must cover more than three (3) full months to be used for rebasing. Cost reports covering three (3) months or less will not be used. If a facility does not have a cost report for the rebase year, the cost report for the year prior to the rebase year shall be used.**

3. Nursing facilities that terminated from the MO HealthNet program during the rate base year shall not be included in the data bank.

4. Nursing facilities operating under an interim rate that have at least a second full year cost report after entering the Medicaid program that coincides with the rate base year may be included in the data bank. Interim rate facilities without such a cost report for the rate base year shall not be included in the data bank. **Beginning with the SFY 2025 rebase, nursing facilities operating under an interim rate will not be included in the data bank.**

5. The initial rate base year used for rebasing shall be 2019 and the data bank shall include cost reports with an ending date in calendar year 2019. The 2019 rebase year data shall be used to set rates effective for dates of service beginning July 1, 2022, through such time rates are rebased again or calculated on some other cost report as set forth in regulation. The 2019 year data shall be adjusted for the following and shall be used to determine the medians, ceilings, and per diem rates for the nursing facilities:

A. The following allowable salaries shall be adjusted by two percent (2%):

(I) Aides and *[O]***o**rderlies (Line 53 of CR (3-95));

(II) Dietary *[S]***s**alaries (Line 60 of CR (3-95));

(III) Laundry *[S]***s**alaries (Line 85 of CR (3-95));

(IV) Housekeeping *[S]***s**alaries (Line 91 of CR (3-95)); and

(V) Beauty & *[B]***b**arber *[S]***s**alaries (Line 94 of CR (3-95));

B. The total allowable costs, including the salary adjustments detailed above in **subparagraph** (4)(W)5.A., shall be trended through June 30, 2022, by the difference in the CMS Market Basket Index (i.e., the "Total – %MOVAVG" index for 2022:2 from the fourth-quarter 2021 publication) and the midpoint of the facility's rate setting cost report year; and

C. The total patient care costs, including the salary adjustments and trends, shall be adjusted to match the state-wide average total CMI by multiplying the total patient care costs by the quotient of the state-wide average total CMI divided by the facility cost report total CMI.

(I) A cost report total CMI is determined for each facility based on a simple average of the four (4) quarterly total CMIs covering the facility's cost report period.

(II) The state-wide total CMI is a simple average of the cost report CMIs for all nursing facilities included in the databank.

6. SFY 2025 rebase. Effective for dates of service beginning July 1, 2024, nursing facility rates shall be rebased using a data bank with cost report ending dates in calendar year 2022, except in instances where 2022 data is not available as explained in paragraph (4)(W)2. of this rule. The 2022 rebase year data shall be used to set rates effective for dates of service beginning July 1, 2024, through such time rates are rebased again or calculated on some other cost report as set forth in regulation. The 2022 base year data shall be adjusted for the following and shall be used to determine the medians, ceilings, and per diem rates for the nursing facilities;

A. The following allowable salaries shall be adjusted by two percent (2%):

(I) Aides and orderlies (Line 53 of CR (3-95));

(II) Dietary salaries (Line 60 of CR (3-95));

(III) Laundry salaries (Line 85 of CR (3-95));

(IV) Housekeeping salaries (Line 91 of CR (3-95)); and

(V) Beauty and barber salaries (Line 94 of CR (3-95));

B. The total allowable costs, including the salary adjustments detailed above in subparagraph (4)(W)6.A. of this rule, shall be trended through June 30, 2024, by the difference in the CMS Market Basket Index (i.e., the Total – %MOVAVG index for 2024:2 from the first-quarter 2024 publication) and the midpoint of the facility's rate setting cost report year; and

C. The total patient care costs, including the salary adjustments and trends, shall be adjusted to match the

state-wide average total CMI by multiplying the total patient care costs by the quotient of the state-wide average total CMI divided by the facility cost report total CMI.

(I) A cost report total CMI is determined for each facility based on a simple average of the four (4) quarterly total CMIs covering the facility's cost report period.

(II) The state-wide total CMI is a simple average of the cost report CMIs for all nursing facilities included in the databank.

(II) Interim ***[r]*****R**ate. The interim rate is the sum of one hundred percent (100%) of the patient care cost component ceiling, ninety percent (90%) of the ancillary and administration cost component ceilings, and ninety-five percent (95%) of the median per diem for the capital cost component.

1. The median per diem for capital will be determined from the capital component per diems of providers with prospective rates in effect on July 1, 2022, for the initial 2019 rate base year.

2. Beginning with the SFY 2025 rebase, the median per diem for capital will be determined from the capital component per diems of providers included in the data bank.

(KK) Minimum Data Set (MDS). A standardized, primary**,** and comprehensive tool used to assess a patient's functional, medical, psychosocial, and cognitive status for residents of nursing facilities to participate in Medicare and Medicaid.

1. Providers should follow CMS guidelines for completing and submitting MDS assessments. No extra MDS assessments are required as a result of this rule.

2. Assessments should comply with CMS guidance as provided through the RAI Manual in effect at the time of the assessment.

3. CMS is the only source for MDS data. All MDS initial submissions, corrections, etc., must be submitted through the CMS iQIES according to CMS procedures.

4. MDS reviews. Beginning July 1, 2024, the division or its authorized contractor shall conduct reviews of a facility's MDS data to verify that residents have been properly classified and that the facility is following CMS procedures and documentation requirements.

A. MDS submissions that are not correct will be adjusted and will be used to recalculate the PDPM and associated CMI.

B. A facility's per diem rate will be adjusted based on the revisions to the PDPM and associated CMI after the initial training and education period, as set forth below in section (12) of this rule.

(10) Provider Reporting and Record***[K]*****k**eeping Requirements.

(A) Annual Cost Report.

1. Each provider shall adopt the same twelve- (12-) month fiscal period for completing its Medicaid cost report as is used for its Medicare cost report, if the facility also participates in the Medicare program. If the provider does not participate in Medicare, the Medicaid cost report should have the same twelve- (12-) month fiscal year consistent with the facility's accounting and reporting period.

2. Each provider is required to complete and submit to the division or its authorized contractor an annual cost report, including all worksheets, attachments, schedules, and requests for additional information from the division or its authorized contractor. The cost report shall be submitted on forms provided by the division or its authorized contractor for that purpose. Any substitute or computer generated cost report must have prior approval by the division or its authorized contractor.

3. All cost reports shall be completed in accordance with the requirements of this regulation and the cost report instructions. Financial reporting shall adhere to GAAP, except as otherwise specifically indicated in this regulation.

4. The cost report submitted must be based on the accrual basis of accounting. Governmental institutions operating on a cash or modified cash basis of accounting may continue to report on that basis, provided appropriate treatment for capital expenditures is made under GAAP.

5. Cost reports shall be submitted by the first day of the sixth month following the close of the fiscal period. A provider may request, in writing, a reasonable extension of the cost report filing date if there has been an extension granted for its Medicare cost report, if applicable, or for circumstances that are beyond the control of the provider and that are not a product or result of the negligence or malfeasance of the nursing facility. Such circumstances may include public health emergencies; unavoidable acts of nature such as flooding, tornado, earthquake, lightning, hurricane, natural wildfire, or other natural disaster; or, vandalism and/or civil disorder. The division may, at its discretion, grant the extension.

6. If a cost report is more than ten (10) days past due, payment may be withheld from the facility until the cost report is submitted. Upon receipt of a cost report prepared in accordance with this regulation, the payments that were withheld will be released to the provider. For cost reports which are more than ninety (90) days past due, the department may terminate the provider's MO HealthNet participation agreement and if terminated retain all payments which have been withheld pursuant to this provision.

7. Copies of signed agreements and other significant documents related to the provider's operation and provision of care to MO HealthNet participants must be attached (unless otherwise noted) to the cost report at the time of filing unless current and accurate copies have already been filed with the division or its authorized contractor. Material which must be submitted or available upon request includes but is not limited to the following:

A. Audit prepared by an independent accountant, including disclosure statements and management letter or SEC Form 10-K;

B. Contracts or agreements involving the purchase of facilities or equipment during the last seven (7) years if requested by the division, the department, or its authorized contractor;

C. Contracts or agreements with owners or related parties;

D. Contracts with consultants;

E. Documentation of expenditures, by line item, made under all restricted and unrestricted grants;

F. Federal and state income tax returns for the fiscal year, if requested by the division, the department, or its authorized contractor;

G. Leases and/or rental agreements related to the activities of the provider, if requested by the division, the department, or its authorized contractor;

H. Management contracts;

I. Medicare cost report, if applicable;

J. Review and compilation statement;

K. Statement verifying the restrictions as specified by the donor, prior to donation, for all restricted grants;

L. Working trial balance actually used to prepare the cost report with line number tracing notations or similar identifications; and

M. Schedule of capital assets with corresponding debt.

8. Cost reports must be fully, clearly, and accurately completed. All required attachments must be submitted before a cost report is considered complete. If any additional information, documentation, or clarification requested by the division or its authorized contractor is not provided within fourteen (14) days of the date of receipt of the division's request, payments may be withheld from the facility until the information is submitted.

9. Under no circumstances will the division accept amended cost reports for rate determination or rate adjustment after the date of the division's notification of the final determination of the rate.

10. Exceptions. A cost report *[is]* **may** not **be** required for the following:

A. Hospital based providers which provide less than one thousand (1,000) patient days of nursing facility services for Missouri Title XIX participants, relative to their fiscal year;

B. Change in provider status. The cost report filing requirement for the cost report relating to the terminating provider from a change of control, ownership, or termination of participation in the MO HealthNet program is not required, unless the terminating cost report is a full twelve- (12-) month cost report. The division may waive the cost report filing requirement for the twelve- (12-) month terminating cost report or the last twelve- (12-) month fiscal year end cost report resulting from a change of control, ownership, or termination of participation in the MO HealthNet program if the old/terminating provider can show financial hardship in providing the cost report. The old/terminating provider must submit a request to the division, indicating and providing documentation for the financial hardship caused by filing the cost report*[; and]***.**

(I) If a cost report for a year that is used to calculate per diem rates is not submitted, the cost report for the year prior to the rate setting year shall be used to determine the per diem rate, consistent with subsection (4)(W) of this rule.

(II) The new provider may obtain the data needed to prepare a cost report that covers the period that the old/terminating provider operated the facility and may submit a cost report as follows:

(a) The new provider may prepare and submit a cost report that covers the old/terminating provider's cost report period;

(b) The new provider may combine the data from the old/terminating provider with the data from the new provider and submit a twelve- (12-) month cost report that covers the new provider's cost report period, if it occurs in the same year as the old owner;

(c) The new provider must notify the division of its intention to complete a cost report covering the old provider's cost report period including the cost report period that will be submitted;

(d) The cost report is due by the first day of the sixth month following the close of the cost report period, consistent with paragraph (10)(A)5. of this rule, regardless of whether the cost report covers only the old/terminating provider's cost report period or it covers the new provider's cost report period; and

(e) It is the new provider's responsibility to determine if the old/terminating provider will submit a cost report and to obtain any information it needs; and

C. New MO HealthNet facility or *[R]***r**ecertified MO HealthNet facility. The first cost report for a new facility enrolled in the MO HealthNet program or a facility that had terminated from participation in the MO HealthNet program and was recertified in the MO HealthNet program may not be required if it is a short period cost report. A short period cost report covers three (3) months or less of nursing facility services for MO HealthNet participants, relative to the facility's fiscal year.

(I) If the provider participates in the Medicare program, the provider must complete the MO HealthNet cost report covering the same period as the Medicare cost report unless a short period cost report would still be required by Medicare but is not required by MO HealthNet because it covers three (3) months or less. For example –

(a) Example A: A facility enters the Medicaid/Medicare program on December 20 and has a December 31 fiscal year end. If Medicare requires that the December 20 – December 31 period be combined with the subsequent year cost report, then the MO HealthNet cost report should cover the same period; and

(b) Example B: A facility enters the Medicaid/Medicare program on October 20 and has a December 31 fiscal year end. If Medicare requires that a cost report be submitted for October 20 through December 31, the facility may request that the division waive that cost report for MO HealthNet since it is within the three (3) month short period. The division must approve the request to waive the cost report.

(II) If the facility does not participate in Medicare, the facility must contact the division regarding the treatment of the short period cost report and the division must approve such treatment. The provider may –

(a) Submit the short period cost report; or

(b) Combine the short period with the cost report for the subsequent year; or

(c) Choose not to submit information relating to the short period either on a stand-alone cost report basis or combined with the subsequent year cost report.

11. Notification of change in provider status and withholding of funds for a change in provider status. A provider shall notify the Institutional Reimbursement Unit of the division via email at IRU.NursingFacility@dss.mo.gov prior to a change of control, ownership, or termination of participation in the MO HealthNet program. The division may withhold funds due to a change in provider status as follows:

A. If the division receives notification prior to the change of control, ownership, or termination of participation in the MO HealthNet program, the division may withhold funds from the old/terminating provider's remaining payments for any amounts owed to the division including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits. If the division can determine the amount the provider owes, the division may withhold that amount from the old/terminating provider's remaining payments. If the division cannot determine the amount a provider owes, it may withhold a minimum of thirty thousand dollars ($30,000) of the remaining payments from the old/terminating provider. After six (6) months, any payments withheld will be released to the old/terminating provider, less any amounts owed to the division, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits; or

B. If the division does not receive notification prior to a change of control or ownership, the division may withhold funds from the provider identified in the current MO HealthNet participation agreement for any amounts owed to the division from the old/terminating provider, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits. If the division can determine the amount the old/terminating provider owes, the division may withhold

that amount from the current provider's payments. If the division cannot determine the amount the old/terminating provider owes, it may withhold a minimum of thirty thousand dollars ($30,000) of the next available MO HealthNet payment from the provider identified in the current MO HealthNet participation agreement. If the MO HealthNet payment is less than thirty thousand dollars ($30,000), the entire payment will be withheld. After six (6) months, any payments withheld will be released to the provider identified in the current MO HealthNet participation agreement, less any amounts owed to the division, including but not limited to unpaid NFRA, overpayments, and system claim adjustment credits.

(B) Certification of Cost Reports.

1. The accuracy and validity of the cost report must be certified by the provider. Certification must be made by a person authorized by one (1) of the following: for an incorporated entity, an officer of the corporation; for a partnership, a partner; for a sole proprietorship or sole owner, the owner or licensed operator; or for a public facility, the chief administrative officer of the facility. Proof of such authorization shall be furnished upon request.

[2. Cost reports must be notarized by a commissioned notary public.

3. The following statement must be signed on each cost report to certify its accuracy and validity: Certification Statement: Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment under state and federal law.

Certification of Officer or Administrator of Provider

I hereby certify that I have read the above statement and that I have examined the accompanying cost report and supporting schedules prepared by (provider name) for the cost report period beginning (date/year) and ending (date/year), and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

_____

Notary Public

*My Commission Expires*_____

_____

Authorized Signature

_____

(Title)

_____ *]*

2. The following statement must be signed on each cost report to certify its accuracy and validity:

CERTIFICATION STATEMENT:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE AND FEDERAL LAW.

CERTIFICATION OF OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying cost report and supporting schedules prepared by (provider name) for the cost report period beginning (date/year) and ending (date/year), and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted.

_____

AUTHORIZED SIGNATURE

_____

TITLE

_____

DATE

(D) Audits.

1. Any cost report submitted may be subject to a Level III Audit (also known as a field audit) by the division or its authorized contractor.

2. A provider shall have available at the field audit location one (1) or more knowledgeable persons authorized by the provider and capable of explaining the provider's accounting and control system and cost report preparation, including all attachments and allocations.

3. If a provider maintains any records or documentation at a location which is not the same as the site where services were provided, other than central offices/home offices not located in the state of Missouri, the provider shall transfer the records to the same facility at which the Medicaid services were provided, or the provider must reimburse the division or its authorized contractor for reasonable travel costs necessary to perform any part of the field audit in any off-site location, if the location is acceptable to the division.

4. Those providers initially entering the MO HealthNet program shall be required to have an annual independent audit of the financial records, used to prepare annual cost reports covering, at a minimum, the first two (2) full twelve- (12-) month fiscal years of their participation in the MO HealthNet Program, in accordance with GAAP and generally accepted auditing standards. The audit shall include but may not be limited to the Balance Sheet, Income Statement, Statement of Retained Earnings, and Statement of Cash Flow. For example, a provider begins participation in the Medicaid program in March and chooses a fiscal year of October 1 to September 30. The first cost report will cover March through September. That cost report may be audited at the option of the provider. The October 1 to September 30 cost report, the first full twelve- (12-) month fiscal year cost report, shall be audited. The next October 1 to September 30 cost report, the second full twelve- (12-) month cost report, shall be audited. The audits shall be done by an independent certified public accountant. The independent audits of the first two (2) full twelve- (12-) month fiscal years may be performed at the same time. The provider may submit two (2) independent audit reports (i.e., one for each year) or they may submit one (1) combined independent audit report covering both years. The independent audit report(s) for combined audits are due with the filing of the second full twelve- (12-) month cost report. If the independent audits are combined, the provider must notify the division of such by the due date of the first full twelve- (12-) month cost report. **If a provider terminates prior to the date that the independent audit is due, the independent audit is not required.**

(11) Prospective Rate Determination. The division will use the rate setting cost report described in **subsection** (11)(I) to determine the nursing facility's prospective rate, as detailed in **subsections** (11)(A)-(I) below.

(A) Patient Care. Each nursing facility's patient care per diem shall be calculated as follows –

1. The base patient care per diem shall be the lower of the –

A. Allowable cost per patient day for patient care as determined by the division from the rate setting cost report, including applicable adjustments and trends; or

B. Per diem ceiling of one hundred twenty percent

(120%) of the patient care median determined by the division from the data bank.

2. The base patient care per diem determined in **paragraph** (11)(A)1. shall be adjusted by the facility's average Medicaid CMI *[using the RUGS IV 48 group model classification system]* from the two (2) preceding quarterly calculations relative to the effective date of the rate (i.e., for 2019 rebase rates effective July 1, 2022, the January 1, 2022, and April 1, 2022, CMI calculations shall be used) and shall be the facility's patient care per diem to be included in the facility's total prospective per diem rate.

3. Following is an illustration of the calculation of the patient care per diem:

Description		Total Allowable Cost	Ceiling	Lower of Ceiling /Per Diem
Total Patient Care Costs		$3,285,275		
Aides & Orderlies	$918,303			
Dietary Salaries	$248,776			
Total	$1,167,079			
Salary Adjustment	2%	$23,342		
Adjusted Patient Care		$3,308,617		
Trend		7.69%		
Trended Cost		$3,563,050		
Statewide Average Total CMI	.8744			
Cost Report Total CMI	.9664			
Total CMI Adjusted Costs ($3,563,050* .8744/.9664)		$3,223,852		
Total Patient Days		30,475		
Base Patient Care Per Diem		$105.79	$127.12	$105.79
Medicaid CMI	.8206			
Medicaid CMI Adjusted Patient Care Per Diem ($105.79* .8206/.8744)				$99.28

(D) Capital. Each nursing facility's capital per diem shall be determined using the fair rental value system (FRV), which consists of two (2) elements — rental value and pass-through expenses. The calculation for each element, as well as the overall capital per diem, is detailed below in paragraphs (11)(D)1.–3.

1. Rental value.

A. Determine the total asset value.

(I) Determine facility size from the rate setting cost report. The changes in the number of licensed beds (i.e., increases and decreases) from the date the facility was originally licensed through the end of the rate setting cost report period should be determined and should result in the same number of licensed beds at the end of the facility's rate setting cost report.

(a) Facility size and occupancy rate adjustment. Beginning with the SFY 2025 rebase, a facility may request a facility size and occupancy rate adjustment, which provides for the number of licensed beds as of the April 1 that precedes the July 1 rate calculation to be used to determine the facility size and occupancy rate rather than the number of licensed beds at the end of the applicable cost report period.

I. Qualifying criteria. A nursing facility may qualify for a facility size and occupancy adjustment if it meets all of the following criteria:

a. The facility operated at less than its licensed bed capacity during the cost report period used to determine the facility's capital rate so that it could provide single occupancy accommodations;

b. The facility operated as such at least from the beginning of the facility's cost report period used to determine the facility's capital rate through the April 1 that precedes the July 1 rate calculation; and

c. The facility reduced the number of licensed beds to be equal to the number of single occupancy rooms that the facility will operate with going forward. The reduction in licensed beds must be effective on or before the April 1 that precedes the July 1 rate calculation.

II. Calculation of adjusted facility size, adjusted occupancy rate, and adjusted per diem rate.

a. Adjusted facility size. The facility size as defined in subsection (4)(EE) of this rule and used in the determination of a facility's capital cost component under the fair rental value system set forth in subsection (11)(D) of this rule shall be adjusted to reflect the licensed bed capacity as of the April 1 that precedes the July 1 rate calculation.

b. Adjusted occupancy rate. The occupancy rate as defined in subsection (4)(QQ) of this rule shall be adjusted to reflect the licensed beds as of the April 1 that precedes the July 1 rate calculation rather than the licensed beds reflected on the applicable cost report. The bed days will be calculated using the licensed beds as of the April 1 that precedes the July 1 rate calculation and the adjusted occupancy rate will be calculated by dividing the facility's total actual patient days by the adjusted bed days.

c. The adjusted facility size and the adjusted occupancy rate shall be used to determine the facility's per diem rate in accordance with the remaining provisions of this regulation.

III. The facility must request in writing the facility size and occupancy rate adjustment and provide the proper documentation to show that it qualifies for the adjustment, including the following:

a. A copy of the quarterly surveys from the beginning of the applicable cost report period through the April 1 that precedes the July 1 rate calculation showing that the facility's number of available beds was less than its full licensed bed capacity;

b. A copy of the approved change in the number of licensed beds that includes a notation that the rooms are single occupancy;

c. A statement from the facility that it will continue to operate single occupancy rooms; and

d. For the July 1, 2024, rate calculation, the division shall accept such written requests from facilities that qualify for this adjustment as of July 1, 2024, for up to thirty (30) days after the effective date of this rule. The rate adjustment shall be retroactive back to July 1, 2024. For subsequent rate calculations, a facility must submit the request, including all documentation showing that they qualify for the adjustment, to the division by the May 1 that precedes the July 1 rate calculation, and the rate adjustment shall be effective on July 1.

IV. This adjustment shall only apply to nursing

facilities with a prospective rate and shall remain in effect for all subsequent rates determined from the 2022 cost report used to rebase rates.

V. Loss of facility size adjustment and recalculation of per diem rate. If a facility's per diem rate has been calculated using an adjusted facility size and an adjusted occupancy rate and the facility ceases to operate with only single occupancy accommodations, the facility will no longer receive the adjustment to the facility size and occupancy rate in determining its per diem rate.

a. If the facility size and occupancy rate adjustment is lost, the facility's per diem rate will be recalculated using the facility size as set forth in subsection (4)(EE) and the bed days and occupancy rate as set forth in subsection (4)(QQ) of this rule.

b. The facility must notify the division within thirty (30) days if it no longer qualifies for the facility size and occupancy rate adjustment.

c. If the facility notifies the division of such within thirty (30) days, the effective date of the rate recalculation will be the date that the facility stopped operating with only single occupancy accommodations.

d. If the facility does not notify the division within thirty (30) days, the effective date of the rate recalculation will be the date the facility size and occupancy rate adjustment was originally granted. The facility shall repay the division any overpayment resulting from the loss of the facility size and occupancy rate adjustment.

(II) Determine the bed equivalency for capital expenditures from the date the facility was originally licensed through the end of the rate setting cost report period by taking the cost of the capital expenditures for each year divided by the asset value per bed for the year of the capital expenditures rounded down to the nearest whole bed. The cost of the capital expenditures must be at least the asset value per bed for the year of the capital expenditures for each bed equivalency. For example, a capital expenditures done in 2009 with a cost of two hundred seventy thousand dollars ($270,000) is equal to five (5) beds. ($270,000/$47,948 equals 5.65 beds rounded down to 5 beds).

(III) The Total Facility Size is the sum of (I) and (II).

*[(VI)]***(IV)** The Total Asset Value is the total facility size times the asset value.

B. Determine the reduction for age. The age of the beds is determined by subtracting the year the beds were originally licensed from the year relative to the rate base year. The age of bed equivalencies for capital expenditures is calculated by subtracting the year the capital expenditures were made from the year relative to the rate base year. The age of the beds for multiple licensing dates (i.e., for increases and decreases in licensed beds) and multiple bed equivalencies is calculated on a weighted average method rounded to the nearest whole year. For licensed bed decreases and replacement beds, the oldest beds are delicensed first. The reduction for age is determined by multiplying the age of the beds by one percent (1%) up to a maximum of forty percent (40%).

C. Determine the facility asset value. The facility asset value is the total asset value set forth in subparagraph (11)(D)1.A. less the reduction for age set forth in subparagraph (11)(D)1.B.

D. Determine the rental value. Multiply the facility asset value by six and three hundred seventy-fifths percent (6.375%) to determine the rental value. The six and three hundred seventy-fifths percent (6.375%) is comprised of two and one-half percent (2.5%), which is based on a forty- (40-) year life, plus three and eight hundred seventy-fifths percent (3.875%) for a return. The three and eight hundred seventy-fifths percent (3.875%) is based on the Treasury Bill thirty- (30-) year coupon rate in effect as of January 1, 2022, of one and eight hundred seventy-fifths percent (1.875%) plus two percent (2%).

E. The following is an illustration of how subparagraphs (11)(D)1.A., B., C. and D. determine the rental value.

(I) The following is the determination of the total facility size and the age of the beds:

Historical Base Data *			
	Total Facility Size	Age	Age x Beds
Licensed Beds	75		
Bed Equivalents	0		
Totals	75	30	2,250

* *[The]* **This** is the cumulative, historical data previously used to determine existing nursing facilities' prospective rates under 13 CSR 70-10.015.

Licensure History *				
Licensure Year		No. of Bed Incr/(Decr)	Age From 2019	Age x Beds
Bed Increases / Decreases:	2003	15	16	240
	2004	5	15	75
	2006	10	13	130
	2008	(5)	30	(150)
Totals (Bed Incr/ (Decr) thru 2019)		25		295
Total Licensed Beds (Base Data + Bed Incr/(Decr))		100		

* This is the licensure history from 2002-2019 which reflects the licensure changes subsequent to the Historical Base Data shown above.

Capital Expenditure History *					
Year	Allowable Capital Expenditures for Bed Equiv.	Asset Value – Year of Capital Expenditures	Bed Equivalents	Age From 2019	Age x Beds
2002	$1,677,164	$35,325	47	17	799
2009	$170,824	$47,948	3	10	30
2014	$310,351	$52,042	5	5	25
2018	$84,308	$53,769	1	1	1
2019	$145,692	$64,701	2	0	0
Totals (Bed Equiv. through 2019)			58		855
Total Bed Equiv. (Base Data + Bed Equiv thru 2019)			58		

* This is the capital expenditure and bed equivalency history from 2002-2019 which reflects the changes subsequent to the Historical Base Data shown above.

Total Facility Size and Weighted Average Age		
Total Facility Size (Licensed Beds + Bed Equiv.)	158	3,400

Weighted Average Age (3,495 / 158)		22

(II) The total asset value is the product of the total facility size times the asset value*[;]*.

Total facility size	158
x Asset value - 2019	$64,701
Total asset value	$10,222,758

(III) Facility asset value is total asset value less the reduction for age of the beds*[; and]*.

Total asset value	$10,222,758
x Age of beds x 1%	22%
- Reduction for age (max 40%)	($2,249,007)
Facility asset value	$7,973,751

(IV) Rental value is the facility asset value multiplied by 6.375%*[—]*.

Facility asset value	$7,973,751
x Rental value percent	x 6.375%
Rental value	$508,327

2. Pass-through expenses.

A. Add the following pass-through expenses, including applicable trends:

(I) Property insurance – line 107 of CR (3-95);

(II) Real estate taxes – line 108 of CR (3-95); and

(III) Personal property taxes – line 109 of CR (3-95)*[;]*.

3. Capital component per diem calculation. A per diem is calculated for each element detailed above in paragraphs (11)(D) 1.–2., which are then added together to determine the total capital cost component per diem.

A. Rental value per diem. A per diem is calculated by dividing the rental value by the computed patient days, rounded to the nearest cent. Computed patient days are equal to the total facility size (i.e., number of licensed beds plus equivalencies) determined in part (11)(D)1.A.(III) multiplied by three hundred sixty-five (365) adjusted by the greater of the minimum utilization as determined in subsection (7)(N) or the facility's occupancy from the rate setting cost report. The following is an illustration of how the rental value per diem is calculated:

	Allowable Cost	Computed Patient Days *	Per Diem
Rental Value	$508,327	46,136	$ 11.02
* Computed Patient Days:			
Total facility size		158	
x 365 days		x 365	
Subtotal		57,670	
Greater of:			
Minimum Utilization	80.00%		
Facility Occupancy **	56.63%	x 80.00%	
Computed Patient Days		46,136	

** Assumption: facility occupancy from the rate setting cost report = 56.63%

B. Pass-through expenses per diem. A per diem is calculated by dividing the pass-through expenses by the greater of the minimum utilization days as determined in subsection (7)(N) or the facility's patient days from the rate setting cost report, rounded to the nearest cent. The following is an illustration of how the pass-through per diem is calculated:

	Allowable Cost	Patient Days *	Per Diem
Pass-Through Expenses:			
Property Insurance	$23,969		
Real Estate Taxes	$61,962		
Personal Property Taxes	$3,408		
Total Pass-Through Expenses	$89,339		
Trend	7.69%		
Total Trended Pass-Through Expenses	$96,209	43,050	$2.23
* Patient days - Greater of:			
a. Facility patient days		30,475	
b. Minimum utilization days			
Beddays		53,812	
x Minimum Utilization Percent		x 80%	
Minimum utilization days		43,050	

C. The capital cost component per diem is the sum of the per diems determined in subparagraphs (11)(D)3.A. and B.

Rental value	$11.02
Pass-through expenses	$2.23
Total capital cost component per diem	$13.25

(E) The following is an illustration of how subsections (11)(A)–(D) determine the total per diem for the cost components:

Cost Component	Per Diem
Patient Care	$99.28
Ancillary	$16.19
Administration	$35.73
Capital (FRV)	$13.25
Total Cost Component Per Diem	$164.45

(F) Special Per Diem Adjustments. Special per diem rate adjustments may be added to a qualifying facility's rate without regard to the cost component ceiling if specifically provided as described below.

1. Patient care incentive. Each facility with a prospective rate on or after July 1, 2022, shall receive a per diem adjustment equal to four and seventy-fifth**s** percent (4.75%) of the facility's patient care per diem determined in paragraph (11)(A)1. subject to a maximum of one hundred thirty percent (130%) of the patient care median when added to the patient care per diem as determined in paragraph (11)(A)1. This adjustment will not be subject to the cost component ceiling of one hundred twenty percent (120%) for the patient care median.

2. Multiple component incentive. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. If the sum of the facility's patient care per diem and ancillary per diem, as determined in subsections (11)(A) and (11)(B), is greater than or equal to seventy percent (70%), rounded to four (4) decimal places (.6985 would not receive the adjustment) of the facility's total per diem, the adjustment is as follows:

Patient Care & Ancillary Percent of Total Rate	Incentive
< 70%	$0.00
> or = 70% but < 75%	$0.10
> or = 75% but < or = 80%	$0.15
> 80%	$0.20

B. A facility shall receive an additional incentive if it receives the adjustment in subparagraph (11)(F)2.A. and if the facility's Medicaid utilization percent is greater than eighty-five percent (85%), rounded to four (4) decimal places (.8485 would not receive the adjustment). The adjustment is as follows:

Medicaid Utilization Percent	Incentive
< 85%	$0.00
> or = 85% but < 90%	$0.10
> or = 90% but < 95%	$0.15
> or = 95%	$0.20

3. Value Based Purchasing (VBP) Incentive. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. The facility shall receive a per diem adjustment for each Quality Measure (QM) Performance threshold that it meets. The threshold for each QM is based on national cut-points used by CMS in its Five Star Rating System. Each threshold is the maximum QM value a facility can have in order to receive the per diem adjustment. These thresholds are listed in Table A3 of the *Five-Star Quality Rating System*: *Technical Users' Guide* dated January 2017. The thresholds listed in Table A3 have been rounded to the nearest tenth for purposes of determining the VBP Incentive. Table A3 of the *Five-Star Quality Rating System: Technical Users' Guide* dated January 2017 is incorporated by reference and made a part of this rule as published by CMS and available at https://dss.mo.gov/mhd/providers/nursing-home-reimbursement-resources.htm. This rule does not incorporate any subsequent amendments or additions.

(I) SFY 2023 QM Performance Measure Table. The facility's most current twelve- (12-) month rolling average QM value as of January 21, 2022**,** is used to determine the per diem adjustment(s) the facility qualified to receive for the rates effective July 1, 2022. The QM Performance Measure threshold, rounded to the nearest tenth, and per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	< or = 10.0%	$1.00
Decline in Mobility on Unit	< or = 8.0%	$1.00
High-Risk Residents w/ Pressure Ulcers	< or = 2.7%	$1.00
Anti-Psychotic Medications	< or = 6.8%	$1.00
Falls w/ Major Injury	< or = 1.3%	$1.00
In-Dwelling Catheter	< or = 1.1%	$1.00
Urinary Tract Infection	< or = 1.9%	$1.00

(II) SFY 2024 QM Performance Measure Table. Effective for dates of service beginning July 1, 2023, the QM Performance Measure per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	< or = 10.0%	$1.87
Decline in Mobility on Unit	< or = 8.0%	$1.87
High-Risk Residents w/ Pressure Ulcers	< or = 2.7%	$1.87
Anti-Psychotic Medications	< or = 6.8%	$1.87
Falls w/ Major Injury	< or = 1.3%	$1.87
In-Dwelling Catheter	< or = 1.1%	$1.87
Urinary Tract Infection	< or = 1.9%	$1.87

(III) SFY 2025 QM Performance Measure Table. Effective for dates of service beginning July 1, 2024, the QM Performance Measure per diem adjustments are as follows:

QM Performance	Threshold	Per Diem Adjustment
Decline in Late-Loss ADLs	**< or = 10.0%**	**$3.04**
Decline in Mobility on Unit	**< or = 8.0%**	**$3.04**
High-Risk Residents w/ Pressure Ulcers	**< or = 2.7%**	**$3.04**
Anti-Psychotic Medications	**< or = 6.8%**	**$3.04**
Falls w/ Major Injury	**< or = 1.3%**	**$3.04**
In-Dwelling Catheter	**< or = 1.1%**	**$3.04**
Urinary Tract Infection	**< or = 1.9%**	**$3.04**

B. A VBP percentage will also be applied to the per diem adjustment for each facility that qualifies for a VBP Incentive. The VBP percentage will be determined by the total QM score calculated from the Five-Star Rating System scores for each of the eight (8) long-stay QMs, as follows:

(I) The eight (8) long-stay QMs included in the total QM score to determine the VBP percentage include the following:

(a) Decline in Late-Loss ADLs;
(b) Decline in Mobility on Unit;
(c) High-Risk Residents w/ Pressure Ulcers;
(d) Anti-Psychotic Medications;
(e) Falls w/ Major Injury;
(f) In-Dwelling Catheter;
(g) Urinary Tract Infection; and
(h) Physical Restraints;

(II) The facility's most current twelve- (12-) month rolling average QM value as of January 21, 2022, is used to determine the facility's QM Score and VBP Percentage for the rates effective July 1, 2022;

(III) For each QM value, the corresponding number of QM points will be determined from Table A3 of the *Five-Star Quality Rating System: Technical Users' Guide* dated January 2017;

(IV) The QM points for all of the QMs will be summed to determine the facility's total QM Score; and

(V) The VBP percentage for each scoring range is listed in the following table.

QM Scoring Tier	Minimum Score	VBP Percentage
1	600	100%
2	520	75%
3	440	50%
4	360	25%
5	0	0%

4. Mental *[I]***i**llness *[D]***d**iagnosis *[A]***a**dd-*[O]***o**n. Each facility with a prospective rate on or after July 1, 2022, and which meets the following criteria shall receive a per diem adjustment:

A. If at least forty percent (40%) of a facility's Medicaid participants have the following mental illness diagnosis, the facility shall receive a per diem adjustment of five dollars ($5.00):

(I) Schizophrenia; and

(II) Bi-polar.

(H) Semi-Annual and Annual Rate Updates. Each facility with a prospective rate on or after July 1, 2022, shall have its rate updated for the following items as described below:

1. Semi-*[A]***a**nnual *[A]***a**cuity *[A]***a**djustment for *[P]***p**atient *[C]***c**are *[P]***p**er *[D]***d**iem *[R]***r**ate. Each facility's patient care per diem rate will be adjusted semi-annually using a current Medicaid CMI. The patient care per diem rate will be adjusted effective for dates of service beginning January 1 and July 1 of each year. The Medicaid CMI will be updated based on the facility's average Medicaid CMI *[using the RUGS IV 48 group model classifications]* from the two (2) preceding quarterly calculations. The allowable patient care cost per day determined in paragraph (11)(A)1. shall be adjusted by the applicable Medicaid CMI and shall be the facility's patient care per diem to be included in the facility's total prospective per diem rate, effective each January 1 and July 1. The patient care and multiple component incentives will not be updated based on the adjusted patient care per diem. The facility's prospective rate shall continue to include the patient care and multiple component incentives initially determined for the prospective rate. The applicable Medicaid CMI are as follows:

A. Effective for dates of service beginning January 1 of each year, each facility's Medicaid CMI will be updated using the average of the preceding July 1 and October 1 quarterly Medicaid CMI calculations; and

B. Effective for dates of service beginning July 1 of each year, each facility's Medicaid CMI will be updated using the average of the preceding January 1 and April 1 quarterly Medicaid CMI calculations;

2. Semi-*[A]***a**nnual *[A]***a**djustment for VBP *[I]***i**ncentive. Each facility's QM Performance data shall be re-evaluated semi-annually and the per diem add-on rate shall be adjusted accordingly. The VBP will be recalculated effective for dates of service beginning January 1 and July 1 of each year. The QM Performance data will be updated based on the most current data available as of November 15 for the January 1 rate adjustment and as of May 15 for the July 1 rate adjustment. **For facilities that do not have updated data as of the review date, prior period data will be carried forward. This provision will be applied to data frozen by CMS.** A facility must meet the criteria set forth in paragraph (11)(F)3. each period and will lose any per diem adjustments for which it does not continue to qualify;

3. Semi-*[A]***a**nnual *[A]***a**djustment for *[M]***m**ental *[I]***i**llness *[D]***d**iagnosis *[A]***a**dd-*[O]***o**n. Each facility's Mental Illness Diagnosis data shall be re-evaluated semi-annually and the per diem add-on rate shall be adjusted accordingly. The Mental Illness Diagnosis will be recalculated effective for dates of service beginning January 1 and July 1 of each year. The Mental Illness Diagnosis data will be updated based on the *[most current data available as of November 15]* **final resident listing for October** for the January 1 rate adjustment and *[as of May 15]* **the final resident listing for April** for the July 1 rate adjustment. **For facilities that do not have updated data as of the review date, prior period data will be carried forward.** A facility must meet the criteria set forth in paragraph (11)(F)4. each period and will lose any per diem adjustments for which it does not continue to qualify;

4. Annual *[C]***c**apital *[R]***r**ate *[U]***u**pdate. Each facility's capital rate will be recalculated annually by updating the rental value portion of the capital rate. The capital rate will be recalculated at the beginning of each state fiscal year (SFY), effective for dates of service beginning July 1, as follows:

A. The total facility size will be updated each year for any increases or decreases in licensed beds and capital expenditures that qualify as bed equivalencies, as follows:

(I) For SFY 2024, effective for dates of service beginning July 1, 2023, the total facility size will be updated using information from the 2020 and 2021 cost reports; and

(II) For SFY 2025 forward, the total facility size will be updated using the information from the third *[(3rd)]* prior year cost report relative to the SFY (i.e., for SFY 2025, the facility size will be updated using 2022 cost report data);

B. The weighted average age of the facility shall be updated each year. The age shall be calculated from the year coinciding with the latest cost report used to update the facility size above in subparagraph (11)(A)1.A. (i.e., the age for SFY 2024 shall be calculated from 2021, the age for SFY 2025 shall be calculated from 2022, etc.); and

C. The asset value shall be updated each SFY. The asset value shall be updated for the year coinciding with the latest cost report used to update the facility size above in subparagraph (11)(A)1.A. (i.e., for SFY 2024 the 2021 asset value shall be used, for SFY 2025 the 2022 asset value shall be used, etc.); and

5. A facility's prospective rate shall be increased or decreased based upon the semi-annual and annual rate adjustments but the rate shall not be decreased below the facility's June 30, 2022, prospective rate.

(12) Adjustments to the Reimbursement. Subject to the limitations prescribed elsewhere in this regulation, a facility's reimbursement rate may be adjusted as described in this section and 13 CSR 70-10.017.

(D) Conditions for prospective rate adjustments. The division may adjust a facility's prospective rate both retrospectively and prospectively under the following conditions:

1. Fraud, misrepresentation, errors. When information contained in a facility's cost report is found to be fraudulent, misrepresented, or inaccurate, the facility's prospective rate may be both retroactively and prospectively reduced if the fraudulent, misrepresented, or inaccurate information as originally reported resulted in establishment of a higher, prospective rate than the facility would have received in the absence of such information. No decision by the division to impose a rate adjustment in the case of fraudulent, misrepresented, or inaccurate information shall in any way affect the division's ability to impose any sanctions authorized by statute or regulation. The fact that fraudulent, misrepresented, or inaccurate information reported did not result in establishment of a higher prospective rate than the facility would have received in the absence of this information also does not affect the division's ability to impose any sanctions authorized by statute or regulation;

2. Decisions of the Administrative Hearing Commission, or settlement agreements approved by the Administrative Hearing Commission;

3. Court order; *[and*]

4. Disallowance of federal financial participation*[.]***; and**

5. MDS reviews.

A. If a facility's MDS submissions were corrected as a result of an MDS review and resulted in a revised CMI, a facility's per diem rate shall be adjusted as follows:

(I) For reviews completed between July 1, 2024, and December 31, 2025, per diem rates will only be adjusted for increases in the CMI.

(II) For reviews completed between January 1, 2026, and December 31, 2026, per diem rates will be adjusted for any changes to the CMI. The per diem rate may be increased or decreased based on the adjusted CMI.

(III) For reviews completed after January 1, 2027, per diem rates will only be adjusted for decreases in the CMI.

*AUTHORITY: sections [208.153,] 208.159, 208.201, and 660.017, RSMo 2016**, and section 208.153, RSMo Supp. 2024**. Emergency rule filed May 16, 2023, effective May 31, 2023, expired Nov. 26, 2023. Original rule filed May 16, 2023, effective Dec. 30, 2023. Emergency amendment filed Feb. 21, 2024, effective March 6, 2024, expired Sept. 1, 2024. Amended: Filed Feb. 21, 2024, effective Aug. 30, 2024. Emergency amendment filed Jan. 21, 2025, effective Feb. 4, 2025, expires Aug. 2, 2025. Amended: Filed Jan. 21, 2025.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately $125,168,355 in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC COST

I. Department Title: Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 10 - Nursing Home Program

Rule Number and Name:	13 CSR 70-10.020 Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services MO HealthNet Division	SFY 2025 Estimated Cost = $125,168,355
Non-State Government Owned Nursing Facilities (33)	No estimated cost of compliance.

III. WORKSHEET

Description	Nursing Facility	Hospice Nursing Home Room & Board	Total Impact
Total Annual Estimated Cost:			
Estimated Medicaid Days – SFY 2024	7,900,000	665,377	
Per Diem Increase	$14.67	$13.94	
Estimated Impact – SFY 2024	$115,893,000	$9,275,355	$125,168,355

IV. ASSUMPTIONS

Impact to Department of Social Services, MO HealthNet Division: The above impact to DSS, MHD was calculated using the following assumptions:

Nursing Facilities and HIV Nursing Facilities:
This amendment provides for an average rate increase of $13.50 per day to nursing facility and HIV nursing facility per diem reimbursement rates due to rebasing and a $1.17 per diem increase in the Value Based Purchasing (VBP) incentives for qualifying facilities for a total per diem increase of $14.67. The fiscal impact is derived from initial rebase estimates. The per diem impact is contingent on the final rebase amount following the final review of all cost reports.

Hospice:

Hospice providers will be impacted by this amendment because reimbursement for hospice services provided in nursing facilities (i.e., Hospice Nursing Home Room and Board) is based on the nursing facility per diem rate. MHD conducted a fiscal analysis using 13 CSR 70-50.010 to estimate the impact to hospice. Please note this is an estimated analysis with the assumption of hospice appropriation authority.

Hospice Nursing Home Room and Board services are reimbursed 95% of the nursing facility per diem rate. The per diem increase to nursing facility rates of $14.67 computes to a per diem increase to hospice reimbursement rates of $13.94 ($14.67 x 95%).

Estimated Paid Days:

Nursing Facility –

The estimated nursing facility days for SFY 2025 are based on the nursing facility days paid for the last two SFYs.

Hospice –

The estimated hospice days for SFY 2025 are based on the hospice days provided in nursing facilities for the last two SFYs.

Home and Community Based Services (HCBS):
HCBS provided on a monthly basis are limited to a percentage of the average monthly nursing facility payment (referred to as the HCBS cost cap). The HCBS cost cap for a given SFY is based on the average monthly nursing facility payments for the 12 months ending in April of the previous SFY. Therefore, the per diem increase to nursing facility rates of $14.67 effective for dates of service beginning July 1, 2024 will not impact the HCBS cost cap for SFY 2025 but may impact the HCBS cost cap for SFY 2026. For SFY 2026, the HCBS cost cap is estimated to increase by approximately 10% as a result of this amendment. This may increase the amount of services, and the payments, for MO HealthNet participants that are at the cap.

Impact to Non-State Government Owned Nursing Facilities (33): The amendment will have no cost of compliance for Medicaid enrolled non-state government owned nursing facilities because it will have a positive fiscal impact. This amendment provides for an average per diem increase to nursing facility and HIV nursing facility per diem reimbursement rates of $14.67 effective for dates of service beginning July 1, 2024.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 80 – State Milk Board
Chapter 2 – Grade "A" Pasteurized Milk Regulations

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.939, RSMo 2016, the board amends a rule as follows:

2 CSR 80-2.001 Adoption of the *Grade "A" Pasteurized Milk Ordinance* (PMO), 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1571). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 80 – State Milk Board
Chapter 2 – Grade "A" Pasteurized Milk Regulations

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.939, RSMo 2016, the board amends a rule as follows:

2 CSR 80-2.002 Adoption of the *Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration, and the National Conference on Interstate Milk Shipments **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1571-1572). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 80 – State Milk Board
Chapter 2 – Grade "A" Pasteurized Milk Regulations

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.939, RSMo 2016, the board adopts a rule as follows:

2 CSR 80-2.004 Adoption of the *Evaluation of Milk Laboratories,* 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1572). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 80 – State Milk Board
Chapter 5 – Inspections

ORDER OF RULEMAKING

By the authority vested in the State Milk Board under section 196.939, RSMo 2016, the board amends a rule as follows:

2 CSR 80-5.010 Inspection Fees **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1493). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 90 – Weights, Measures and Consumer Protection
Chapter 30 – Petroleum Inspection

ORDER OF RULEMAKING

By the authority vested in the Weights, Measures and Consumer Protection Division under section 414.032, RSMo Supp. 2024, the division amends a rule as follows:

2 CSR 90-30.040 Quality Standards for Motor Fuels **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2024 (49 MoReg 1441-1442). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The division received one (1) comment on the proposed amendment.

COMMENT #1: Manu Te'o, New Bloomfield, MO, submitted an email supporting hemp base biofuel as a viable alternative.
RESPONSE: No changes have been made to the amendment as a result of this comment.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 2 – Boiler and Pressure Vessel Safety Rules

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 650.215, RSMo 2016, the division amends a rule as follows:

11 CSR 40-2.025 Installation Permits **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1505). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.020 Terms; Defined **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1505-1506). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.025 Exemptions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1506). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.031 Amusement Ride Inspection **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1506-1508). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.033 Itinerary Required **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1509). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.060 Director; Qualified Amusement Ride and Aerial Adventure Course Inspectors **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1509-1511). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 40 – Division of Fire Safety
Chapter 6 – Amusement Rides

ORDER OF RULEMAKING

By the authority vested in the Division of Fire Safety under section 316.206, RSMo 2016, the division amends a rule as follows:

11 CSR 40-6.065 Assignment/Contract Criteria-Qualified Inspector **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1512). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 11 – DEPARTMENT OF PUBLIC SAFETY
Division 70 – Division of Alcohol and Tobacco Control
Chapter 2 – Rules and Regulations

ORDER OF RULEMAKING

By the authority vested in the Division of Alcohol and Tobacco Control under section 311.660, RSMo Supp. 2024, the division amends a rule as follows:

11 CSR 70-2.120 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2024 (49 MoReg 1444). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Division of Alcohol and Tobacco Control received twelve (12) comments on the proposed amendment.

COMMENT #1: Bob Griesedieck, Griesedieck Brothers Brewery, responded that he was opposed to the proposal, citing the decline of revenue for traditional alcoholic beverages, and the slow growth of the new cannabinoid beverages as a source of new tax revenue. His recommendation was to keep it legal in all current channels and request legislators add funding from the tax revenue on these products towards consumer education.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. No changes were made as a result of this comment.

COMMENT #2: Anrai Best, Compliance Specialist with MMCI Holdings, Inc., responded in opposition of the regulation, expressing concern over confusion of what DHSS would choose to embargo, and indicated two of their customers were impacted when products not consistent with the description of 'adulterated hemp products' were embargoed, which hurt the businesses. There was also disagreement that the regulation will cost Missouri businesses less than $500 in aggregate.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #3: Brian Riegel, South Point Hemp, responded in opposition to the regulation, expressing concern over the lack of clarity on what DHSS would choose to embargo, and urged for industry input.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively

embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. No changes were made as a result of this comment.

COMMENT #4: Ron Leone, Executive Director, Missouri Petroleum & Convenience Association (MPCA), responded in opposition to the regulation, citing the lawsuit and resulting agreement between DHSS and the Missouri Hemp Trade Association (MHTA), to limit DHSS' ability to embargo "hemp-derived food products." There was also disagreement that the regulation will cost Missouri businesses less than $500 in aggregate, citing both the cost to the retailer in lost profits, as well as the potential fines and suspensions a retailer might receive from DATC for violating the proposed rule.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. ATC did not consider the financial impact of a retailer choosing to break Missouri law and the corresponding disciplinary action for such conduct. No changes were made as a result of this comment.

COMMENT #5: John Grady, Slap Happy Hemp, responded in opposition to the regulation, citing the need for clarification on products embargoed for "misbranding" by DHSS and for ATC to explicitly define what embargoed products fall under this proposed regulation and any distinctions between psychoactive and non-psychoactive items. He also refuted ATC's cost impact statement, pointing to DHSS' recent $877,000 budget request to enforce Governor Parson's executive order.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #6: Jordan DeProw responded in opposition to the regulation, citing the need for clarification on products embargoed for "misbranding" by DHSS and for ATC to explicitly define what embargoed products fall under this proposed regulation and any distinctions between psychoactive and non-psychoactive items. He also refuted ATC's cost impact statement, pointing to DHSS' recent $877,000 budget request to enforce Governor Parson's executive order.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #7: Whitney Lupo responded in opposition to the regulation, citing the need for clarification on products embargoed for "misbranding" by DHSS and for ATC to explicitly define what embargoed products fall under this proposed regulation and any distinctions between psychoactive and non-psychoactive items. He also refuted ATC's cost impact statement, pointing to DHSS' recent $877,000 budget request to enforce Governor Parson's executive order.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #8: Whitney Middleton responded in opposition to the regulation, citing the need for clarification on products embargoed for "misbranding" by DHSS and for ATC to explicitly define what embargoed products fall under this proposed regulation and any distinctions between psychoactive and non-psychoactive items. He also refuted ATC's cost impact statement, pointing to DHSS' recent $877,000 budget request to enforce Governor Parson's executive order.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS authority. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #9: Sil Paxton responded in support of efforts to prevent the sale of embargoed items, but seeks clearer guidelines for embargoed hemp-derived products to avoid confusion and support compliance, citing their personal benefit to using CBD hemp.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. This would not apply to any products approved through regulation unless they were otherwise misbranded or adulterated, actively embargoed by DHSS, and the retailer chose to act against the embargo order. Clarification on what products are embargoed would fall under DHSS au-

thority. No changes were made as a result of this comment.

COMMENT #10: Andy Arnold, Missouri Independent Beverage Retailers Association (MIBRA), responded in opposition to the regulation, citing concern over whether the proposed language is in conflict with Missouri law on embargoed product. There was also disagreement that the regulation will cost Missouri businesses less than $500 in aggregate, citing both the cost to the retailer in lost profits, lost tax revenue and subsequent tax-funded programs, as well as the potential fines and suspensions a retailer might receive from DATC for violating the proposed rule.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. Section 196.030, RSMo, already makes it unlawful for any person to remove or dispose of detained or embargoed articles by sale or otherwise without permission, the proposed regulation reiterates this legal requirement for alcohol retailers' awareness. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. ATC did not consider the financial impact of a retailer choosing to break Missouri law and the corresponding disciplinary action for such conduct. No changes were made as a result of this comment.

COMMENT #11: Sarah Struby, MO Hemp Trade Association, responded in opposition to the regulation, citing the lawsuit between DHSS and the Missouri Hemp Trade Association (MHTA), to limit DHSS' ability to embargo hemp-derived food products. It was noted that this regulation is unnecessary due to existing Missouri law that prohibits selling embargoed products, and as written could be misinterpreted to prevent retailers from holding onto embargoed product. She also feels that the division has significantly underestimated the cost of compliance on private entities.
RESPONSE: The language was amended to clarify the regulation applies only to actively embargoed products. This regulation does not target any specific product, but it does prohibit a retailer from selling or exposing for sale any product actively embargoed by DHSS. Section 196.030, RSMo, already makes it unlawful for any person to remove or dispose of detained or embargoed articles by sale or otherwise without permission, the proposed regulation reiterates this legal requirement for alcohol retailers' awareness. Any cost relative to the embargo would be on the action of the embargo (done by DHSS), so ATC feels the cited financial impact is accurate. No changes were made as a result of this comment.

COMMENT #12: Charles Smarr, Brydon, Swearengen & England, P.C., expressed concern with the language. As written, it implies that any product that has ever been embargoed, even if the embargo has been lifted, cannot be sold. He asked for the language to be changed from "has been embargoed" to "is embargoed."
RESPONSE AND EXPLANATION OF CHANGE: The language was amended to clarify the regulation applies only to actively embargoed products.

11 CSR 70-2.120 Retail Licensees

(7) No retailer shall sell, deliver, hold or offer for sale any food, drug, device, or cosmetic that is embargoed by the Department of Health and Senior Services pursuant to Chapter 196, RSMo.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 71 – Rules for Residential Care Facilities for Children

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Children's Division, under sections 207.020, 210.506, and 660.017, RSMo 2016, and sections 210.493 and 210.1286, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 35-71.045 Personnel **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1580-1583). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 4 – Conditions of Participant Participation, Rights, and Responsibilities

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201, 208.991, and 660.017, RSMo 2016, and section 208.153, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 70-4.080 State Children's Health Insurance Program **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1512-1513). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 20 – Pharmacy Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 70-20.030 Drugs Covered by the MO HealthNet Division **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2024 (49 MoReg 1444). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 20 – Pharmacy Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 70-20.047 Ninety-Day Supply Requirement for Select Prescriptions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1513). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 25 – Physician Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division adopts a rule as follows:

13 CSR 70-25.160 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 15, 2024 (49 MoReg 1513-1516). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received two (2) comments on the proposed rule. One was a staff comment.

COMMENT #1: Steve Bernstetter, with BJC Health System, requested clarification of procedure on beneficiary access for doula services for covered/payment under MOHN benefits, and guidance regarding the proper role and status of doulas in the hospital setting.
RESPONSE AND EXPLANATION OF CHANGE: MHD recognizes that the wording implied that there were specific procedures that must be followed. Section (3) will be changed to clarify that any pregnant or postpartum woman eligible for Medicaid benefits is eligible without further requirements.

COMMENT #2: Kimberly Johnson, with MO HealthNet Division, requested the definition of doula services include mention that they are preventative services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, in order to align the regulation with the final wording of the state plan amendment language approved by CMS.
RESPONSE AND EXPLANATION OF CHANGE: This is a technicality required by CMS. Language will be added to section (1) to include that doula services are preventive care services.

13 CSR 70-25.160 Doula Services

(1) Administration. Doula services shall be administered by the MO HealthNet Division. Doula services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *MO HealthNet Physician Provider Manual,* which is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, and is available at its website https://mydss.mo.gov/media/pdf/ physicians-provider-manual, August 6, 2024. This rule does not incorporate any subsequent amendments or additions.

(A) In the administration of the rule, "doula services" means services that provide a stable source of psychosocial support and education throughout the perinatal period and during the birth utilizing trained providers, community-based doulas, with the aim of improving a range of maternal and infant health outcomes by enhancing relevant knowledge and encouraging healthy behaviors. Doula services are available to all pregnant women, prenatally, during delivery, and throughout the postpartum period as medically necessary preventive services when recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law and provided in accordance with currently accepted standards of medical or professional practice. This includes twelve (12) months after delivery.

(3) Participant Eligibility. Any pregnant woman who is eligible for Title XIX benefits from the Family Support Division (FSD) and seeks doula services described in this rule shall be deemed eligible to receive these services.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 98 – Behavioral Health Services

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-98.015 Behavioral Health Services Program **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2024 (49 MoReg 1444-1446). No changes have

been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10 – Office of the Director
Chapter 10 – Vital Records

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 193.035, 193.105, and 193.115, RSMo 2016, the department amends a rule as follows:

19 CSR 10-10.030 Filing a Delayed Birth Certificate **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2024 (49 MoReg 1715-1716). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20 – Division of Community and Public Health
Chapter 8 – Lead Program

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 701.346, RSMo 2016, the department rescinds a rule as follows:

19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-Up, and Reporting **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1583). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20 – Division of Community and Public Health
Chapter 8 – Lead Program

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 701.346, RSMo 2016, the department adopts a rule as follows:

19 CSR 20-8.030 Lead Poisoning Assessment, Testing, and Reporting **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1583-1592). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 1 – Controlled Substances

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 195.195, RSMo 2016, and section 195.015, RSMo Supp. 2024, the department amends a rule as follows:

19 CSR 30-1.002 Schedules of Controlled Substances **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1593-1606). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2040 – Office of Athletics
Chapter 5 – Rules for Professional Boxing, Professional Wrestling, Professional and Amateur Kickboxing, and Professional Full-Contact Karate

ORDER OF RULEMAKING

By the authority vested in the Office of Athletics under section 317.006, RSMo Supp. 2024, the office amends a rule as follows:

20 CSR 2040-5.070 Fouls **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* October 15, 2024 (49 MoReg 1517). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30)

days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2063 – Behavior Analyst Advisory Board
Chapter 2 – Licensure Requirements

ORDER OF RULEMAKING

By the authority vested in the Behavior Analyst Advisory Board under section 337.310, RSMo 2016, the board amends a rule as follows:

20 CSR 2063-2.015 Notification of Change of Address or Name **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1607). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2110 – Missouri Dental Board
Chapter 2 – General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

20 CSR 2110-2.010 Licensure by Examination – Dentists **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 2, 2024 (49 MoReg 1821-1822). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2110 – Missouri Dental Board
Chapter 2 – General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

20 CSR 2110-2.050 Licensure by Examination – Dental Hygienists **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 2, 2024 (49 MoReg 1822). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2110 – Missouri Dental Board
Chapter 2 – General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri Dental Board under section 332.031, RSMo 2016, the board amends a rule as follows:

20 CSR 2110-2.170 Fees **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 2, 2024 (49 MoReg 1822-1824). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2145 – Missouri Board of Geologist Registration
Chapter 2 – Licensure Requirements

ORDER OF RULEMAKING

By the authority vested in the Missouri Board of Geologist Registration under section 256.462, RSMo Supp. 2024, the board amends a rule as follows:

20 CSR 2145-2.090 Name and Address Changes **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1607-1608). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2232 – Missouri State Committee of Interpreters
Chapter 2 – Licensure Requirements

ORDER OF RULEMAKING

By the authority vested in the Missouri State Committee of Interpreters under section 209.328, RSMo 2016, the committee amends a rule as follows:

20 CSR 2232-2.030 Name and Address Change, License Renewal, and Inactive License **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1608). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2235 – State Committee of Psychologists
Chapter 1 – General Rules

ORDER OF RULEMAKING

By the authority vested in the State Committee of Psychologists under section 337.050, RSMo Supp. 2024, the committee amends a rule as follows:

20 CSR 2235-1.060 Notification of Change of Address or Name **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1608). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2270 – Missouri Veterinary Medical Board
Chapter 4 – Minimum Standards

ORDER OF RULEMAKING

By the authority vested in the Missouri Veterinary Medical Board under section 340.210, RSMo 2016, the board amends a rule as follows:

20 CSR 2270-4.060 Minimum Standards for Supervision **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2024 (49 MoReg 1608-1609). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in editable electronic file manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF WINDING UP FOR BUZZ DUMPSTER, LLC

On January 16, 2025, Buzz Dumpster, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State. All persons and organizations with claims against the Company must submit a written summary of any claims against the Company to:

BUZZ DUMPSTER, LLC
c/o THE LAW OFFICE OF JESSE A. GRANNEMAN, LLC
20 Manor Drive, PO Box 250
Troy, MO 63379

A summary shall include:
1) The name, address, and telephone number of the claimant;
2) The amount of the claim;
3) The date(s) the claim accrued;
4) A brief description of the nature and basis for the claim; and
5) Any documentation of the claim.

Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST LANDES PROPANE, INC

On January 20, 2025, Landes Propane, Inc., filed its Articles of Dissolution with the Missouri Secretary of State. The dissolution was effective on January 20, 2025. You are hereby notified that if you believe you have a claim against Landes Propane, Inc, you must submit a summary in writing of the circumstances surrounding your claim to:

Landes Propane, Inc
C/O Robert Cowherd, Attorney at Law
PO Box 228
Chillicothe, MO 64601
Telephone: 660-646-0627

The summary of your claim must include the following information:
1) The name, address, and telephone number of the claimant;
2) The amount of the claim;
3) The date on which the event on which the claim is based occurred; and
4) A brief description of the nature of the debt or the basis for the claim;

All claims against Landes Propane, Inc, will be barred unless the proceeding to enforce the claim is commented within two (2) years after the publication of this notice.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST CAPITAL PIZZA, INC., DOING BUSINESS AS IMO'S PIZZA

On January 8, 2025, Capital Pizza, Inc., doing business as Imo's Pizza, a Missouri corporation (the "Company"), filed its Articles of Dissolution with the Missouri Secretary of State. All claims against the Company should be submitted in writing to:

James Shereck
752 Bothwell
St. Charles, MO 63304

All claims must include:
1) The name and address of the claimant;
2) The amount claimed;
3) The date on which the claim arose;
4) The basis for the claim; and
5) The documentation in support of the claim.

All claims against Capital Pizza, Inc., doing business as Imo's Pizza, will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication date of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST FULL STRUT PROPERTIES, LLC

Full Strut Properties, LLC, a Missouri limited liability company (the "Company"), was dissolved on January 24, 2025, by the filing of a Notice of Winding Up with the Missouri Secretary of State. The Company requests all persons and entities with claims against the Company present them in writing by mail to:

Full Strut Properties, LLC
c/o Jenkins & Kling, P.C.
150 N. Meramec Ave., Suite 400
St. Louis, MO 63105

Each claim must include:
1) The name, address, and telephone number of the claimant;
2) The amount of the claim;
3) The basis of the claim;
4) The date(s) of the event(s) on which the claim is based occurred; and
5) Documentation in support of the claim.

NOTICE: Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST CHESTERFIELD KIDS ACADEMY, LLC

On July 31, 2023, Chesterfield Kids Academy, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. The effective date of said Notice was July 31, 2023. Chesterfield Kids Academy, LLC, hereby requests that all persons and organizations with claims against it present them immediately by letter to:

Chesterfield Kids Academy, LLC
c/o Gregory E. Robinson, P.C.
1422 Elbridge Payne, Suite 170
Chesterfield, MO 63017

All claims must include:
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis for the claim;
4) The date(s) on which the event(s) on which the claim is based occurred; and
5) Any documentation in support of the claim.

NOTICE: Because of the dissolution of Chesterfield Kids Academy, LLC, any and all claims against the Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by RSMo 347.141, whichever is published last.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST YERANA, LLC

On July 31, 2023, YerAna, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. The effective date of said Notice was July 31, 2023. YerAna, LLC, hereby requests that all persons and organizations with claims against it present them immediately by letter to:

YerAna LLC
c/o Gregory E. Robinson, P.C.
1422 Elbridge Payne, Suite 170
Chesterfield, MO 63017

All claims must include:
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis for the claim;
4) The date(s) on which the event(s) on which the claim is based occurred; and
5) Any documentation in support of the claim.

NOTICE: Because of the dissolution of YerAna LLC, any and all claims against the Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by RSMo 347.141, whichever is published last.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST CUSTOMSOFT, LLC

On July 31, 2023, CustomSoft LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. The effective date of said Notice was July 31, 2023. CustomSoft, LLC, hereby requests that all persons and organizations with claims against it present them immediately by letter to:

CustomSoft LLC
c/o Gregory E. Robinson, P.C.
1422 Elbridge Payne, Suite 170
Chesterfield, MO 63017

All claims must include:
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis for the claim;
4) The date(s) on which the event(s) on which the claim is based occurred; and
5) Any documentation in support of the claim.

NOTICE: Because of the dissolution of CustomSoft LLC, any and all claims against the Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by RSMo 347.141, whichever is published last.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST OVERHEAD DOOR MASTER, LLC

On July 31, 2023, Overhead Door Master, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. The effective date of said Notice was July 31, 2023. Overhead Door Master, LLC, hereby requests that all persons and organizations with claims against it present them immediately by letter to:

Overhead Door Master, LLC
c/o Gregory E. Robinson, P.C.
1422 Elbridge Payne, Suite 170
Chesterfield, MO 63017

All claims must include:
1) The name, address, and telephone number of the claimant;
2) The amount claimed;
3) The basis for the claim;
4) The date(s) on which the event(s) on which the claim is based occurred; and
5) Any documentation in support of the claim.

NOTICE: Because of the dissolution of Overhead Door Master, LLC, any and all claims against the Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by RSMo 347.141, whichever is published last.

NOTICE OF DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST HOFFMAN MILLARD, LLC

On February 3, 2025, Hoffman Millard, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against the Company, you must submit the claim to:

Tom Lane
Hoffman Development Co.
727 Craig Road, Suite 100
St. Louis, MO 63141

Each claim must include:
1) The name, address, and telephone number of the claimant;
2) The amount of the claim;
3) The basis for the claim;
4) The date the event on which the claim is based occurred;
5) Whether the claim is secured, and if so, the nature of the security; and
6) The documentation of the claim.

ALL CLAIMS AGAINST THE COMPANY WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED AGAINST THE COMPANY WITHIN THREE (3) YEARS AFTER THE PUBLICATION OF THIS NOTICE.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year — 49 (2024) and 50 (2025). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
	DEPARTMENT OF AGRICULTURE				
2 CSR 30-1.020	Animal Health	This Issue	This Issue		
2 CSR 30-10.010	Animal Health	This Issue	This Issue		
2 CSR 80-2.001	State Milk Board		49 MoReg 1571	This Issue	
2 CSR 80-2.002	State Milk Board		49 MoReg 1571	This Issue	
2 CSR 80-2.004	State Milk Board		49 MoReg 1572	This Issue	
2 CSR 80-5.010	State Milk Board		49 MoReg 1493	This Issue	
2 CSR 90-30.040	Weights, Measures and Consumer Protection		49 MoReg 1441	This Issue	
2 CSR 90-60.020	Weights, Measures and Consumer Protection		50 MoReg 291		
2 CSR 90-60.050	Weights, Measures and Consumer Protection		50 MoReg 292		
2 CSR 90-61.070	Weights, Measures and Consumer Protection		50 MoReg 292		
2 CSR 90-61.080	Weights, Measures and Consumer Protection		50 MoReg 293		
2 CSR 90-65.040	Weights, Measures and Consumer Protection		50 MoReg 293		
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.135	Conservation Commission		50 MoReg 294		
3 CSR 10-4.140	Conservation Commission		50 MoReg 294		
3 CSR 10-5.560	Conservation Commission				50 MoReg 121
3 CSR 10-5.710	Conservation Commission		49 MoReg 1493	50 MoReg 109	
3 CSR 10-6.415	Conservation Commission		49 MoReg 1495	50 MoReg 109	
3 CSR 10-6.535	Conservation Commission		49 MoReg 1495	50 MoReg 109	
3 CSR 10-6.550	Conservation Commission		49 MoReg 1496	50 MoReg 109	
3 CSR 10-7.410	Conservation Commission		49 MoReg 1496	50 MoReg 110	
3 CSR 10-7.412	Conservation Commission		49 MoReg 1496	50 MoReg 110	
3 CSR 10-7.431	Conservation Commission		50 MoReg 295		
3 CSR 10-7.450	Conservation Commission		49 MoReg 1497	50 MoReg 110	
3 CSR 10-7.455	Conservation Commission			50 MoReg 110	
3 CSR 10-7.705	Conservation Commission		49 MoReg 1497	50 MoReg 111	
3 CSR 10-7.710	Conservation Commission		49 MoReg 1498	50 MoReg 111	
3 CSR 10-7.900	Conservation Commission		49 MoReg 793	49 MoReg 1305	
3 CSR 10-9.565	Conservation Commission		49 MoReg 1500	50 MoReg 111	
3 CSR 10-11.115	Conservation Commission		49 MoReg 1502	50 MoReg 112	
3 CSR 10-11.180	Conservation Commission		49 MoReg 1502	50 MoReg 112	
3 CSR 10-11.186	Conservation Commission		49 MoReg 1503	50 MoReg 112	
3 CSR 10-11.205	Conservation Commission		49 MoReg 1504	50 MoReg 112	
3 CSR 10-12.110	Conservation Commission		49 MoReg 1504	50 MoReg 112	
3 CSR 10-12.130	Conservation Commission		50 MoReg 15		
3 CSR 10-12.140	Conservation Commission				
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 20-400.125	Division of Learning Services		49 MoReg 1391	50 MoReg 300	
5 CSR 20-400.500	Division of Learning Services		50 MoReg 72		
5 CSR 20-400.530	Division of Learning Services		50 MoReg 74		
5 CSR 20-400.540	Division of Learning Services		50 MoReg 74		
5 CSR 20-400.550	Division of Learning Services		50 MoReg 75		
5 CSR 25-100.350	Office of Childhood		50 MoReg 15		
5 CSR 25-200.095	Office of Childhood	50 MoReg 277	50 MoReg 295		
5 CSR 30-660.090	Division of Financial and Administrative Services		49 MoReg 1504R	50 MoReg 301R	
	DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT				
6 CSR 10-10.010	Commissioner of Education		49 MoReg 1891R 49 MoReg 1891		
	MISSOURI DEPARTMENT OF TRANSPORTATION				
7 CSR 10-4.020	Missouri Highways and Transportation Commission	49 MoReg 1699	49 MoReg 1704		
7 CSR 10-15.010	Missouri Highways and Transportation Commission		50 MoReg 76		
7 CSR 10-25.020	Missouri Highways and Transportation Commission		49 MoReg 1393	50 MoReg 301	
7 CSR 60-2.010	Highway Safety and Traffic Division	50 MoReg 65	50 MoReg 80		
7 CSR 60-2.030	Highway Safety and Traffic Division	50 MoReg 67	50 MoReg 81		
	DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS				
	DEPARTMENT OF MENTAL HEALTH				
	DEPARTMENT OF NATURAL RESOURCES				
10 CSR 10-6.060	Director's Office		49 MoReg 1054	50 MoReg 37	
10 CSR 10-6.065	Director's Office		49 MoReg 1067	50 MoReg 37	
10 CSR 10-6.070	Director's Office		50 MoReg 145		
10 CSR 10-6.075	Director's Office		50 MoReg 149		
10 CSR 10-6.080	Director's Office		50 MoReg 150		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
10 CSR 10-6.110	Director's Office		49 MoReg 1082	50 MoReg 37	
10 CSR 10-6.241	Director's Office		49 MoReg 1094	50 MoReg 38	
10 CSR 10-6.250	Director's Office		49 MoReg 1103	50 MoReg 38	
10 CSR 10-6.255	Director's Office		49 MoReg 1115	50 MoReg 38	
10 CSR 10-6.261	Director's Office		49 MoReg 1572		
10 CSR 25-3.260	Hazardous Waste Management Commission		49 MoReg 1267	50 MoReg 113	
10 CSR 25-4.261	Hazardous Waste Management Commission		49 MoReg 1270	50 MoReg 113	
10 CSR 25-5.262	Hazardous Waste Management Commission		49 MoReg 1271	50 MoReg 113	
10 CSR 25-6.263	Hazardous Waste Management Commission		50 MoReg 16		
10 CSR 25-7.264	Hazardous Waste Management Commission		49 MoReg 1274	50 MoReg 115	
10 CSR 25-7.265	Hazardous Waste Management Commission		49 MoReg 1276	50 MoReg 116	
10 CSR 25-7.266	Hazardous Waste Management Commission		49 MoReg 1278	50 MoReg 116	
10 CSR 25-7.268	Hazardous Waste Management Commission		49 MoReg 1278	50 MoReg 117	
10 CSR 25-7.270	Hazardous Waste Management Commission		49 MoReg 1279	50 MoReg 117	
10 CSR 25-8.124	Hazardous Waste Management Commission		50 MoReg 20		
10 CSR 25-11.279	Hazardous Waste Management Commission		49 MoReg 1281	50 MoReg 117	
10 CSR 25-12.010	Hazardous Waste Management Commission		49 MoReg 1284	50 MoReg 118	
10 CSR 25-12.020	Hazardous Waste Management Commission		49 MoReg 1290	50 MoReg 118	
10 CSR 25-13.010	Hazardous Waste Management Commission		50 MoReg 27R		
10 CSR 25-16.273	Hazardous Waste Management Commission		49 MoReg 1291	50 MoReg 118	
10 CSR 90-2.070	State Parks		49 MoReg 1399	50 MoReg 194	
10 CSR 140-2.020	Division of Energy		49 MoReg 1400	50 MoReg 302	
	DEPARTMENT OF PUBLIC SAFETY				
11 CSR 40-2.025	Division of Fire Safety		49 MoReg 1505	This Issue	
11 CSR 40-6.020	Division of Fire Safety		49 MoReg 1505	This Issue	
11 CSR 40-6.025	Division of Fire Safety		49 MoReg 1506	This Issue	
11 CSR 40-6.031	Division of Fire Safety		49 MoReg 1506	This Issue	
11 CSR 40-6.033	Division of Fire Safety		49 MoReg 1509	This Issue	
11 CSR 40-6.060	Division of Fire Safety		49 MoReg 1509	This Issue	
11 CSR 40-6.065	Division of Fire Safety		49 MoReg 1512	This Issue	
11 CSR 45-1.090	Missouri Gaming Commission		50 MoReg 82		
11 CSR 45-5.080	Missouri Gaming Commission		50 MoReg 84		
11 CSR 45-5.190	Missouri Gaming Commission		50 MoReg 85		
11 CSR 45-5.192	Missouri Gaming Commission		50 MoReg 86		
11 CSR 45-5.193	Missouri Gaming Commission		50 MoReg 87		
11 CSR 45-5.194	Missouri Gaming Commission		50 MoReg 88		
11 CSR 45-5.200	Missouri Gaming Commission		50 MoReg 89		
11 CSR 45-5.210	Missouri Gaming Commission		50 MoReg 94		
11 CSR 45-5.220	Missouri Gaming Commission		50 MoReg 96		
11 CSR 45-5.225	Missouri Gaming Commission		50 MoReg 97		
11 CSR 45-5.230	Missouri Gaming Commission		50 MoReg 98		
11 CSR 45-5.235	Missouri Gaming Commission		50 MoReg 99		
11 CSR 45-5.270	Missouri Gaming Commission		50 MoReg 100		
11 CSR 45-5.300	Missouri Gaming Commission		50 MoReg 100		
11 CSR 45-9.102	Missouri Gaming Commission		50 MoReg 101		
11 CSR 45-9.105	Missouri Gaming Commission		50 MoReg 104		
11 CSR 45-9.108	Missouri Gaming Commission		50 MoReg 104		
11 CSR 45-9.109	Missouri Gaming Commission		50 MoReg 104		
11 CSR 45-9.118	Missouri Gaming Commission		50 MoReg 105		
11 CSR 45-9.121	Missouri Gaming Commission		50 MoReg 105		
11 CSR 45-13.030	Missouri Gaming Commission		49 MoReg 1442	50 MoReg 302	
11 CSR 45-30.135	Missouri Gaming Commission		49 MoReg 1442	50 MoReg 302	
11 CSR 45-30.280	Missouri Gaming Commission		49 MoReg 1443	50 MoReg 302	
11 CSR 45-30.610	Missouri Gaming Commission		49 MoReg 1443	50 MoReg 303	
11 CSR 70-2.010	Division of Alcohol and Tobacco Control		49 MoReg 1345	50 MoReg 194	
11 CSR 70-2.020	Division of Alcohol and Tobacco Control		49 MoReg 1345	50 MoReg 194	
11 CSR 70-2.050	Division of Alcohol and Tobacco Control		49 MoReg 1346	50 MoReg 195Wd	
11 CSR 70-2.060	Division of Alcohol and Tobacco Control		49 MoReg 1346	50 MoReg 195	
11 CSR 70-2.120	Division of Alcohol and Tobacco Control		49 MoReg 1444	This Issue	
11 CSR 70-2.130	Division of Alcohol and Tobacco Control		49 MoReg 1575		
11 CSR 70-2.140	Division of Alcohol and Tobacco Control		49 MoReg 1347	50 MoReg 195	
11 CSR 70-2.240	Division of Alcohol and Tobacco Control		49 MoReg 1347	50 MoReg 196	
11 CSR 70-2.270	Division of Alcohol and Tobacco Control		49 MoReg 1349	50 MoReg 196	
11 CSR 85-1.060	Veterans Affairs		50 MoReg 150R		
	DEPARTMENT OF REVENUE				
12 CSR 10-2.155	Director of Revenue		49 MoReg 887		
12 CSR 10-24.060	Director of Revenue		49 MoReg 888		
12 CSR 10-24.200	Director of Revenue		49 MoReg 637		
12 CSR 10-24.420	Director of Revenue		49 MoReg 888		
12 CSR 10-24.440	Director of Revenue		49 MoReg 637R		
12 CSR 10-26.231	Director of Revenue	This Issue???	This Issue		
12 CSR 10-41.010	Director of Revenue	50 MoReg 69	50 MoReg 105		
	DEPARTMENT OF SOCIAL SERVICES				
13 CSR 35-71.015	Children's Division		50 MoReg 27		
13 CSR 35-71.045	Children's Division		49 MoReg 1580	This Issue	
13 CSR 70-4.080	MO HealthNet Division		49 MoReg 1512	This Issue	
13 CSR 70-8.010	MO HealthNet Division		49 MoReg 1400	50 MoReg 119	
13 CSR 70-10.020	MO HealthNet Division	This Issue	This Issue		
13 CSR 70-15.010	MO HealthNet Division	49 MoReg 1329	49 MoReg 1804		
13 CSR 70-15.110	MO HealthNet Division	49 MoReg 1334	49 MoReg 1349	50 MoReg 119	
13 CSR 70-15.160	MO HealthNet Division	49 MoReg 1760	49 MoReg 1809		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
13 CSR 70-15.230	MO HealthNet Division	49 MoReg 1341	49 MoReg 1357	50 MoReg 119	
13 CSR 70-20.030	MO HealthNet Division		49 MoReg 1444	This Issue	
13 CSR 70-20.045	MO HealthNet Division		49 MoReg 1816		
13 CSR 70-20.047	MO HealthNet Division		49 MoReg 1513	This Issue	
13 CSR 70-20.075	MO HealthNet Division	50 MoReg 5	50 MoReg 29		
13 CSR 70-20.200	MO HealthNet Division		50 MoReg 151		
13 CSR 70-20.250	MO HealthNet Division		49 MoReg 1816		
13 CSR 70-20.300	MO HealthNet Division		49 MoReg 1817		
13 CSR 70-20.310	MO HealthNet Division		50 MoReg 153		
13 CSR 70-25.160	MO HealthNet Division	49 MoReg 1489	49 MoReg 1513	This Issue	
13 CSR 70-98.015	MO HealthNet Division		49 MoReg 1444	This Issue	
	ELECTED OFFICIALS				
15 CSR 30-51.010	Secretary of State		49 MoReg 1447	50 MoReg 119	
15 CSR 30-51.020	Secretary of State		49 MoReg 1447	50 MoReg 120	
15 CSR 30-51.180	Secretary of State		49 MoReg 1447	50 MoReg 120	
15 CSR 30-51.169	Secretary of State	49 MoReg 1768	49 MoReg 1818		
15 CSR 30-51.170	Secretary of State	49 MoReg 1768	49 MoReg 1819		
15 CSR 30-51.172	Secretary of State	49 MoReg 1769	49 MoReg 1820		
15 CSR 30-51.174	Secretary of State	49 MoReg 1770	49 MoReg 1821		
15 CSR 50-5.020	Treasurer		49 MoReg 1893		
15 CSR 50-5.030	Treasurer		49 MoReg 1894		
15 CSR 50-5.050	Treasurer		49 MoReg 1895		
	RETIREMENT SYSTEMS				
16 CSR 10-1.030	The Public School Retirement System of Missouri		49 MoReg 1708		
16 CSR 10-1.040	The Public School Retirement System of Missouri		49 MoReg 1708		
16 CSR 10-3.010	The Public School Retirement System of Missouri		49 MoReg 1708		
16 CSR 10-5.010	The Public School Retirement System of Missouri		49 MoReg 1710		
16 CSR 10-5.020	The Public School Retirement System of Missouri		49 MoReg 1712		
16 CSR 10-6.020	The Public School Retirement System of Missouri		49 MoReg 1712		
16 CSR 10-6.060	The Public School Retirement System of Missouri		49 MoReg 1714		
16 CSR 10-6.070	The Public School Retirement System of Missouri		49 MoReg 1714		
	DEPARTMENT OF HEALTH AND SENIOR SERVICES				
19 CSR 10-4.060	Office of the Director		50 MoReg 154		
19 CSR 10-10.030	Office of the Director		49 MoReg 1715	This Issue	
19 CSR 20-8.030	Division of Community and Public Health		49 MoReg 1583R 49 MoReg 1583	This Issue R This Issue	
19 CSR 30-1.002	Division of Regulation and Licensure	49 MoReg 1557	49 MoReg 1593	This Issue	
19 CSR 30-110.010	Division of Regulation and Licensure		50 MoReg 159		
19 CSR 30-110.020	Division of Regulation and Licensure		50 MoReg 160		
19 CSR 30-110.030	Division of Regulation and Licensure		50 MoReg 167		
19 CSR 40-10.020	Division of Maternal, Child and Family Health		50 MoReg 185		
19 CSR 60-50	Missouri Health Facilities Review Committee				50 MoReg 41 50 MoReg 121 50 MoReg 198
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20 CSR	Construction Claims Binding Arbitration Cap				50 MoReg 309
20 CSR	Non-Economic Damages in Medical Malpractice Cap				50 MoReg 309
20 CSR	Sovereign Immunity Limits				49 MoReg 1905
20 CSR	State Legal Expense Fund Cap				50 MoReg 309
20 CSR 1140-12.010	Division of Finance		49 MoReg 1606R	50 MoReg 303R	
20 CSR 1140-120.020	Division of Finance		49 MoReg 1606R	50 MoReg 303R	
20 CSR 1140-120.030	Division of Finance		49 MoReg 1606R	50 MoReg 303R	
20 CSR 1140-120.040	Division of Finance		49 MoReg 1607R	50 MoReg 303R	
20 CSR 2030-16.020	Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		50 MoReg 296		
20 CSR 2030-16.050	Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		50 MoReg 297		
20 CSR 2030-17.070	Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		50 MoReg 298		
20 CSR 2030-17.080	Missouri Board For Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		50 MoReg 298		
20 CSR 2040-5.070	Office of Athletics		49 MoReg 1517	This Issue	
20 CSR 2063-2.015	Behavior Analyst Advisory Board		49 MoReg 1607	This Issue	
20 CSR 2063-6.005	Behavior Analyst Advisory Board		49 MoReg 1453	50 MoReg 196	
20 CSR 2110-2.010	Missouri Dental Board		49 MoReg 1821	This Issue	
20 CSR 2110-2.050	Missouri Dental Board		49 MoReg 1822	This Issue	
20 CSR 2110-2.170	Missouri Dental Board		49 MoReg 1822	This Issue	
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20 CSR 2150-4.201	State Board of Registration for the Healing Arts		50 MoReg 193		
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20 CSR 2235-1.060	State Committee of Psychologists		49 MoReg 1608	This Issue	
20 CSR 2235-5.030	State Committee of Psychologists		49 MoReg 1453	50 MoReg 197	
20 CSR 2270-4.060	Missouri Veterinary Medical Board		49 MoReg 1608	This Issue	
20 CSR 4240-3.190	Public Service Commission		49 MoReg 1359	50 MoReg 304	
20 CSR 4240-3.305	Public Service Commission		49 MoReg 1716R		
20 CSR 4240-3.600	Public Service Commission		49 MoReg 1716R		

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20 CSR 4240-10.095	Public Service Commission		49 MoReg 1364R	50 MoReg 307R	
20 CSR 4240-10.155	Public Service Commission		49 MoReg 1609		
20 CSR 4240-10.165	Public Service Commission		49 MoReg 1613		
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20 CSR 4240-40.017	Public Service Commission		49 MoReg 1616R		
20 CSR 4240-50.050	Public Service Commission		49 MoReg 1364R	50 MoReg 308R	
20 CSR 4240-50.060	Public Service Commission		49 MoReg 1719		
20 CSR 4240-60.050	Public Service Commission		49 MoReg 1721		
20 CSR 4240-80.015	Public Service Commission		49 MoReg 1617R		
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22 CSR 10-2.046	Health Care Plan	49 MoReg 1775	49 MoReg 1828		
22 CSR 10-2.047	Health Care Plan	49 MoReg 1776	49 MoReg 1829		
22 CSR 10-2.053	Health Care Plan	49 MoReg 1777	49 MoReg 1829		
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22 CSR 10-2.075	Health Care Plan	49 MoReg 1783	49 MoReg 1836		
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22 CSR 10-2.090	Health Care Plan	49 MoReg 1785	49 MoReg 1837		
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22 CSR 10-3.057	Health Care Plan	49 MoReg 1789	49 MoReg 1841		
22 CSR 10-3.058	Health Care Plan	49 MoReg 1795	49 MoReg 1847		
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22 CSR 10-3.075	Health Care Plan	49 MoReg 1796	49 MoReg 1847		
22 CSR 10-3.090	Health Care Plan	49 MoReg 1797	49 MoReg 1848		
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2 CSR 30-1.020	Laboratory Services and Fees	This Issue	Feb. 10, 2025	Aug. 8, 2025
2 CSR 30-10.010	Inspection of Meat and Poultry	This Issue	Feb. 18, 2025	Aug. 16, 2025
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Office of Childhood				
5 CSR 25-200.095	Child Care Hearings	50 MoReg 277	Jan. 23, 2025	July 21, 2025
Missouri Department of Transportation				
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7 CSR 10-4.020	Relocation Assistance Program	49 MoReg 1699	Nov. 1, 2024	April 29, 2025
7 CSR 60-2.010	Definitions	50 MoReg 65	Jan. 1, 2025	June 29, 2025
7 CSR 60-2.030	Standards and Specifications	50 MoReg 67	Jan. 1, 2025	June 29, 2025
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12 CSR 10-26.231	Maximum Dealer Administrative Fees	This Issue	Feb. 19, 2025	Aug. 17, 2025
12 CSR 10-41.010	Annual Adjusted Rate of Interest	50 MoReg 69	Jan. 1, 2025	June 29, 2025
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13 CSR 35-71.015	Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies	49 MoReg 1759	Nov. 7, 2024	May 5, 2025
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13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services	This Issue	Feb. 4, 2025	Aug. 2, 2025
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology	49 MoReg 1760	Oct. 30, 2024	April 27, 2025
13 CSR 70-20.075	340B Drug Pricing Program	50 MoReg 5	Dec. 9, 2024	June 6, 2025
13 CSR 70-25.160	Doula Services	49 MoReg 1489	Sept. 30, 2024	March 28, 2025
Elected Officials				
Secretary of State				
15 CSR 30-51.169	Fraudulent Practices of Broker-Dealers and Agents	49 MoReg 1768	Nov. 6, 2024	May 4, 2025
15 CSR 30-51.170	Dishonest or Unethical Business Practices by Broker-Dealers and Agents	49 MoReg 1768	Nov. 6, 2024	May 4, 2025
15 CSR 30-51.172	Dishonest or Unethical Business Practices by Investment Advisers and Investment Adviser Representatives	49 MoReg 1769	Nov. 6, 2024	May 4, 2025
15 CSR 30-51.174	Fraudulent Practices of Investment Advisers and Investment Adviser Representatives	49 MoReg 1770	Nov. 6, 2024	May 4, 2025
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19 CSR 30-1.002	Schedules of Controlled Substances	49 MoReg 1557	Oct. 8, 2024	April 5, 2025
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22 CSR 10-2.020	General Membership Provisions	49 MoReg 1771	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.025	Rule for Participating Higher Education Entity Entry into the Missouri Consolidated Health Care Plan	49 MoReg 1774	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.046	PPO 750 Plan Benefit Provisions and Covered Charges	49 MoReg 1775	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.047	PPO 1250 Plan Benefit Provisions and Covered Charges	49 MoReg 1776	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges	49 MoReg 1777	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges	49 MoReg 1777	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.075	Review and Appeals Procedure	49 MoReg 1783	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	49 MoReg 1784	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.090	Pharmacy Benefit Summary	49 MoReg 1785	Jan. 1, 2025	June 29, 2025
22 CSR 10-2.140	Strive for Wellness® Health Center Provisions, Charges, and Services	49 MoReg 1786	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.020	General Membership Provisions	49 MoReg 1787	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.055	Health Savings Account Plan Benefit Provisions and Covered Charges	49 MoReg 1789	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges	49 MoReg 1789	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.058	PPO 750 Plan Benefit Provisions and Covered Charges	49 MoReg 1795	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.059	PPO 1250 Plan Benefit Provisions and Covered Charges	49 MoReg 1796	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.075	Review and Appeals Procedure	49 MoReg 1796	Jan. 1, 2025	June 29, 2025
22 CSR 10-3.090	Pharmacy Benefit Summary	49 MoReg 1797	Jan. 1, 2025	June 29, 2025

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
	2025		
25-18	Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives	February 18, 2025	Next Issue
25-17	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025	February 10, 2025	Next Issue
25-16	Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems	January 28, 2025	This Issue
25-15	Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes	January 28, 2025	This Issue
25-14	Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education	January 28, 2025	This Issue
25-13	Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies	January 23, 2025	This Issue
25-12	Establishes a Code of Conduct for all employees of the Office of the Governor	January 23, 2025	This Issue
25-11	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	January 23, 2025	This Issue
25-10	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025	January 17, 2025	This Issue
25-09	Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours	January 15, 2025	50 MoReg 290
25-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025	January 13, 2025	50 MoReg 288
25-07	Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process	January 13, 2025	50 MoReg 287
25-06	Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service	January 13, 2025	50 MoReg 286

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-05	Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state	January 13, 2025	50 MoReg 285
25-04	Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement	January 13, 2025	50 MoReg 284
25-03	Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community	January 13, 2025	50 MoReg 282
25-02	Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative	January 13, 2025	50 MoReg 281
25-01	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025	January 3, 2025	50 MoReg 279
	2024		
24-16	Orders state offices to be closed at 12:00 p.m. on Tuesday, December 24, 2024	December 9, 2024	50 MoReg 14
24-15	Orders state offices to be closed on Friday, November 29, 2024	November 7, 2024	49 MoReg 1890
24-14	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to ongoing and forecasted severe storm systems	November 5, 2024	49 MoReg 1889
24-13	Declares a drought alert for 88 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	October 29, 2024	49 MoReg 1802
24-12	Revokes the rescission of Executive Order 97-97	October 24, 2024	49 MoReg 1801
24-11	Rescinds 177 executive orders that are no longer necessary or applicable to the operations of the government	October 23, 2024	49 MoReg 1799
24-10	Directs the Department of Health and Senior Services to address foods containing unregulated psychoactive cannabis products and the Department of Public Safety Division of Alcohol and Tobacco to amend regulations on unregulated psychoactive cannabis products	August 1, 2024	49 MoReg 1343
24-09	Orders executive branch state offices closed on Friday, July 5, 2024	July 1, 2024	49 MoReg 1188
24-08	Extends Executive Order 24-06 and the State of Emergency until July 31, 2024	June 26, 2024	49 MoReg 1187
24-07	Extends Executive Order 23-06 and the State of Emergency until June 30, 2024	May 30, 2024	49 MoReg 954
24-06	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	May 2, 2024	49 MoReg 847
24-05	Extends Executive Order 23-05 to address drought-response efforts until September 1, 2024	April 26, 2024	49 MoReg 792
24-04	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 29, 2024	49 MoReg 447

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
24-03	Declares a State of Emergency and declares Missouri will implement the Emergency Mutual Aid Compact (EMAC) agreement with the State of Texas to provide support with border operations	February 20, 2024	49 MoReg 446
24-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted winter storm systems	January 11, 2024	49 MoReg 270
24-01	Orders the Dept. of Agriculture to establish rules regarding acquisitions of agricultural land by foreign businesses	January 2, 2024	49 MoReg 136

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PUBLIC SERVICE COMMISSION

RETIREMENT SYSTEMS

REVENUE, DEPARTMENT OF

SOCIAL SERVICES, DEPARTMENT OF

Administrative Rules Contact Information

General Inquiries
(573) 751-4015
rules@sos.mo.gov

Curtis W. Treat, Director
(573) 751-2022
curtis.treat@sos.mo.gov

Stephanie Martin, Managing Editor
(573) 522-2196
stephanie.martin@sos.mo.gov

Jacqueline D. White, Publication Specialist II
(573) 526-1259
jacqueline.white@sos.mo.gov

Vonne Kilbourn, Editor II
(573) 751-1818
vonne.kilbourn@sos.mo.gov

Jennifer Alex Moore, Editor II
(573) 522-2593
jennifer.moore@sos.mo.gov

Tammy Winkelman, Administrative Aide III
(573) 751-4015
tammy.winkelman@sos.mo.gov